



# THEN INDIA SANMARGA IKYA SANGAM

(INCORPORATED)

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HEAD OFFICE, NADI, FIJI  
P O BOX 9  
NADI  
FIJI ISLANDS

**Note : Any information given found to be false will result in the nomination being declared null and void**

## **2025 - NOMINATION FORM FOR [NATIONAL EXECUTIVE POSITION]**

Nomination for the Position of \_\_\_\_\_

(To qualify to contest for any positions interested persons must full fill the pre-requisites or qualification criteria as per the Memorandum of Articles and Rules and Regulations of TISI Sangam.

FULL NAME OF NOMINEE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ DOB \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

RESIDENTIAL: \_\_\_\_\_

TELEPHONE: BUSINESS \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Life Membership No: \_\_\_\_\_ DISTRICT \_\_\_\_\_ BRANCH \_\_\_\_\_

POSITIONS HELD IN SANGAM in the last Five years

Year 5  
Year 4  
Year 3  
Year 2  
Year 1

District Positions verified by -----(nominee needs to get this verified by the District.

National Executive Positions verified by -----(nominee needs to get this verified by the TISI Head Office)

NOMINATED BY \_\_\_\_\_ F/N \_\_\_\_\_

MEMBERSHIP ID NO \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SECONDED BY \_\_\_\_\_ F/N \_\_\_\_\_

MEMBERSHIP ID NO \_\_\_\_\_ SIGNATURE \_\_\_\_\_

I ----- hereby consent and agree to be nominated for the stated position.

Signature----- Date.....

**DECLARATION (CHARACTER)**

- 1)  Have you been convicted at any time of any offence. 

Yes	
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No	
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- 2)  Are you currently facing any criminal charges. 

Yes	
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No	
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- 3)  Have you been declared a bankrupt or facing bankruptcy 

Yes	
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No	
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- 4)  Have you been ever rejected to contest for elections for TISI in village, branch, district or National level.  

Yes	
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No	
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- 5)  Have you faced any disciplinary action by TISI or had your membership suspended for any period of time.  

Yes	
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No	
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If you have answered Yes to any of the above questions, then please explain in detail in space provided below:

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I ----- hereby confirm that all information provided by me is correct and I have not received any assistance on this from any person or persons. I further agree to abide by the decision of the nominations committee or any such individual appointed to make decision on the validity of the nomination and for me to contest for the nominated position. I agree and declare that this will be the final decision.

Signed.....

Name.....

Date.....

FOR OFFICE USE: Date received \_\_\_\_\_

MEMBERSHIP VERIFICATION \_\_\_\_\_

REMARKS \_\_\_\_\_

ACCEPTED/REJECTED BY NOMINATION COMMITTEE

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

(ALL SECTIONS MUST BE FULLY COMPLETED BY THE NOMINEE)