THEN INDIA SANMARGA IKYA SANGAM

(INCORPORATED)
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Website : www.sangamfiji.com.fj

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

2026 - 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, for the qualification for the National President and Clause 4.2 of the Directions & Guidelines of TISI Sangam for all other National Executives.

FULL NAME OF NOMINEE: _____

FATHER'S NAME: _____

OCCUPATION_____**DOB**_____

POSTAL ADDRESS: _____

RESIDENTIAL: _____

TELEPHONE: BUSINESS_____ **RESIDENTIAL**_____**FAX**_____

EMAIL ADDRESS: _____

Life Membership No: _____ **DISTRICT**_____**BRANCH**_____

POSITIONS SERVED IN SANGAM FOR ATLEAST FIVE YEARS
Year 5
Year 4
Year 3
Year 2
Year 1

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 ☐ No ☐
2) ☐ **Are you currently facing any criminal charges.** Yes ☐ No ☐
3) ☐ **Have you been declared a bankrupt or facing bankruptcy** Yes ☐ No ☐
4) ☐ **Have you been ever rejected to contest for elections for TISI in village, branch, district or National level.**
   Yes ☐ No ☐
5) ☐ **Have you faced any disciplinary action by TISI or had your membership suspended for any period of time.**
   Yes ☐ No ☐

If you have answered Yes to any of the above questions, then please explain in detail is space provided below:

_____

_____

_____

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 and Appeals Committee.
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)

Any alterations to the Nomination Form shall render the candidate's application null and void for the purposes of the election