



**ASSOCIATION OF CONSERVATIVE DENTISTRY
AND ENDODONTICS OF KARNATAKA
ACE - KARNATAKA**



Nomination Form

NOMINEE Information

Nominee Name: _____

Nominee's Contact No.: _____

Nominee's Preferred Email: _____

Nominee's Address: _____

Nominee's Current Employer (if any) _____

Nominee's Job Title (if any) _____

In 100 words or less please explain why this person should be considered?

NOMINATOR Information:

Nominator Name: _____

Nominator's Contact No.: _____

Nominator's Preferred Email: _____

Nominator's Address: _____

Please explain your business, personal, familial, or other affiliation with the nominee, if any?

President: Dr. Ramya Raghu 9242445272

Vice President: Dr Sreenivasa Murthy 9980076315

Secretary: Dr. Mithra N. Hegde 9845284411

Joint Secretary: Dr. Vandana Sadananda 9844116434

Treasurer: Dr. Aditya Shetty 9886189087

kace09012019@gmail.com, www.acekarnataka.in

