

HEALTHCARE REFORMS DOCTORS ASSOCIATION.

(Regd. No.581/2017)

Hyderabad, Telangana.

Election Notification

Date: 25/11/2025

The Healthcare Reforms Doctors Association (HRDA) Election commission hereby issues the official Election Notification of the HRDA State committee for the year 2025–2026. As per the Association's constitution and bylaws, elections will be conducted to elect office bearers for the following posts through ballot paper.

Post	No of posts
President	1
Vice President	2
General Secretary	1
Joint Secretary	2
Treasurer	1
Executive Committee Members	8
Special committee Chairman (1)Academic (2)Sports & culture	1 1

1. Election Schedule

Activity	Date & Time
Release of Provisional Voter List	25/11/2025
Submission of Objections in List till	7/12/2025; 5:00 pm
Final voter list	10/12/2025
Nomination Filing	11/12/2025; 10:00 AM to 18/12/2025; 5:00 PM
Scrutiny of Nominations	19/12/2025
Withdrawal of Nominations	22/12/2025; 9:00 PM
Final List of Candidates	23/12/2025
Date of Election / Polling	4/01/2026 (7:00 AM – 6:00 PM)
Polling Venue	HRDA Central Office, Secunderabad
Counting of Votes	starts from 6:30PM
Declaration of Results	05/01/2026

2. Eligibility

The State Committee is elected by the membership holders from all over the state.

Term of 2 years. Membership holders with 2 years duration and who worked as EC members of the State Committee or District President or General Secretary are eligible to contest for prime committee (President, Vice-President, General Secretary, Joint Secretary, Treasurer). Membership holders with a 5-year duration can directly contest for the prime committee. Membership holders with a 1-year duration are eligible to contest as special committee and EC Members.

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b. Nomination Fee:

The nomination fee for all the State President/ Vice president/Secretary/joint secretary/Treasurer posts will be Non-refundable deposit of Rs10,000/- and for other posts, it will be Rs5,000/- to be paid online to the account of HEALTH CARE REFORMS DOCTORS ASSOCIATION (SBI A/c No: 36969808374) IFSC code: SBIN0021110 or through the cheque/demand draft in favour of HEALTH CARE REFORMS DOCTORS ASSOCIATION (SBI A/c No: 36969808374) payable at SBI bank, Osmania medical college branch, Hyderabad. The payment details should be furnished with the nomination form. If a cheque submitted by the aspirant for any post of that particular election is bounced from the aspirant's side for any reason, then the application is rejected and the same thing will be intimated to the aspirant and no fresh application is accepted in any circumstances after that.

3. Nomination Procedure:

Eligible members shall submit their nominations in-person in the prescribed format to the Returning Officer at: Healthcare Reforms Doctors Assosiation office, 6-1-297/2/D, Venkatapuram Colony, MIGH Colony, Walker Town, Padmarao Nagar, Landmark: Saibaba Temple, Secunderabad-500020.

Nomination period: 11/12/2025; 10:00 AM to 18/12/2025; 5:00 PM

Nominations received after the deadline will not be considered.

Nominations scrutiny will be as per the constitution.

4. Returning Officer

Dr Pratibha Lakshmi (Mob: 9885315750)

5. Code of Conduct

All candidates and members are instructed to follow the election code of conduct as per the HRDA byelaws and constitution. Any violation may lead to cancellation of candidature.

For further information, members may contact the Election Office at:

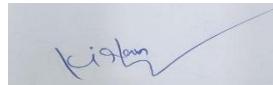
Phone: +91 94415 68635

Email: hrdaelections2025@gmail.com

Website: <https://www.hrda-india.org/>

Sd/-

Chief election commissioner:



Dr Kiran Kumar Thotawar

Election Commission Member:



Dr Raju Gaddam

NOMINATION FORM
Part I

Election to the _____ post of state committee of HRDA, Telangana State.

I _____, file my nomination as a candidate for
Election to the post _____ State Committee HRDA,
Telangana State.

Candidate's name _____
(full name in BLOCK LETTERS) S/O/W/O/D/O _____
[Father's/mother's/husband's name].

His/her postal address _____

His / Her name is entered at S. No _____ in part no _____ of the electoral roll issued
by the HRDA for the election.

Proposed by _____ (Name) _____ (HRDA Electoral Roll No)
_____ (Signature) _____ (Date)

Seconded by _____ (Name) _____ (HRDA Electoral Roll No)
_____ (Signature) _____ (Date)

Payment details:

NEFT/RTGS Payee A/c No:

Reference No:

Cheque details:

Bank:

Cheque No:

Signature of Candidate

Part II
Candidate's Declaration

I, the undersigned candidate mentioned in Part-I, hereby assent to this nomination and solemnly declare that:

1. Membership Status

(a) I have completed _____ years of continuous, active, and bona fide membership in the Healthcare Reforms Doctors Association (HRDA).

I am contesting this election as an Independent Candidate, without affiliation to any group, panel, or faction.

2. Correctness of Personal Details

(b) I hereby affirm that my name and the name of my father/mother/husband have been correctly recorded and are true as per official records and identity documents.

3. Eligibility & Non-Disqualification:

(c) I further declare that, to the best of my knowledge and belief:

I am eligible and fully qualified to contest for the post of _____, in the State Committee of HRDA, Telangana State, in accordance with the Association's Constitution, Rules, and By-laws.

I am not disqualified under any clause of the HRDA Constitution, including but not limited to: irregular membership status, pending disciplinary actions, suspension, misconduct, arrears of dues, or legal disability.

4. Voluntary Consent

(d) I am submitting this nomination on my own free will, without coercion, inducement, or misrepresentation by any individual or entity.

5. Authenticity & Responsibility

(e) I fully understand that any false declaration, suppression of facts, or misrepresentation may lead to:

rejection or cancellation of my candidature,
disciplinary action as per HRDA rules,
and any additional action permitted under the law.

I undertake to abide by the Election Code of Conduct, the directions of the Returning Officer, and all rules governing the election process.

Signature of the Candidate: _____

Name of the Candidate: _____

Membership No.: _____

PART III

(To be filled by the Returning Officer)

Serial No. of nomination form

This nomination was submitted to me at my office at (hour) on (date) by the candidate/proposer.

Date.....

Returning Officer

PART IV

Acknowledgement for Nomination form and Notice of Scrutiny
(To be handed over to the person presenting the Nomination form)

Serial No. of nomination form _____

The nomination form of _____, a candidate for election for The post of State committee was delivered to me at my office at..... (Hour) on..... (Date) by the candidate/proposer.

All nomination forms will be taken up for scrutiny at _____ (hour)
On..... (Date) at _____ (Place.)

Date.....

Returning Officer