

PRESIDENT : **Dr. R. KANNAN** M.D., (S),

VICE PRESIDENT: **Dr. M. SURESH** B.S.M.S.,

SECRETARY I/C : **Dr. K. KADER MOHIDEEN** B.Sc., B.S.M.S.,



**THE INDIAN MEDICAL PRACTITIONERS'
CO - OPERATIVE PHARMACY AND STORES**

**IMPCOPS (MULTI STATE CO-OPERATIVE SOCIETY)LTD., X-185
ESTD - 1944**

Head Office & Factory : 34-37, Kalki Krishnamurthy Salai, Thiruvanmiyur, Chennai - 600 041. P.B.No. 8602

Phone : 044 - 24521029 / 24520189 /24520244

TN GSTIN : 33AABAT2739D1ZT E-mail : impcops@dataone.in Visit us at : www.impcops.org.

F.No:M/Election / 2022 – 2023

Date: 17/05/2022

To:

Sir,

Sub: IMPCOPS Ltd, Chennai – 41 – Election to the Board – Institutional Members – Nominating delegate to participate in General Body Meeting and also to vote in the election – Regarding.

Ref: Letter ref no: M/Election/2022-2023 dt: 09.05.2022.

In the letter cited above, the date of Election General Body Meeting and Polling have been wrongly mentioned as 17th July, 2022 and 19th July, 2022 instead of 17th June, 2022 and 19th June, 2022.

I hereby by inform you that **the Election General Body meeting will be held at No: 34 – 37, Kalki Krishnamurthy Salai, Thiruvanmiyur, Chennai – 600 041 on 17th June, 2022 and if contest, Polling will be held on 19th June, 2022.**

As such I request you to Nominate a Delegate on behalf of your Institution as stated in letter cited above and communicate the same to me on or before 27.05.2022.




D. PETER JEEVANANTHAM, B.Com.,
Deputy Registrar / RETURNING OFFICER



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E.Mail:impcopsceo@gmail.com

PARTICULARS OF THE DELEGATE APPOINTED BY INSTITUTION

1. Name of the Institution :
2. Member No :
3. Full Address :
4. Phone No/ E-mail :
5. Copy of the resolution nominating
delegate :
6. Name of the Delegate
(preferably Doctor who is having
qualification in Indian Medicines) :
- Note: Expelled Member from the
Society is not eligible to be nominated
as a Delegate.
7. Father's Name :
8. Age :
9. Residential Address of the Delegate :
10. Phone No/Mobile No & E-mail ID :
11. Designation of the Delegate
in the institution :
12. Specimen signature of the
Delegate :

Affix recent
passport
Size photo of
the delegate
with
attestation of
Competent
Authority

Date:
Place:

Signature of the Competent
Authority of the Institution with seal
Name in Block letters:.....
Mobile