



# OFFICE OF THE ELECTION OFFICER THE ODISHA NURSING EMPLOYEES' ASSOCIATION

Govt. Recognition L.No.- 45797, Dt. 25.09.1981

Head office: Quarter No. 20/1. Type IV-A, Unit -II, Bhubaneswar -751009

E-mail - electionofficeronea2025@gmail.com Website - www.onea.in

No. 01/ONEAELE/2025

Date 14/03/2025

## Election Notification

This is to inform all members of the Odisha Nursing Employees Association (ONEA) that, as per the unanimous decision taken in the General Council Meetings held on **02.02.2025** and **13.03.2025**, and the **Executive Committee (EC) meeting dated 04.03.2025**, the election of Office Bearers for the **2025-27 session** has been scheduled as follows:

- **Election Date:** 06.04.2025
- **Result Declaration:** 07.04.2025
- **Venue:** Bhubaneswar

Members interested in contesting for any Office Bearer position in the upcoming election are invited to file their nominations **in person** at the **Head Office of ONEA, Bhubaneswar**, in the prescribed format attached herewith as **FORM-A**.

Failure to submit nominations within the stipulated timeline will result in disqualification, and no complaints regarding the nomination process will be entertained.

### Office Bearer positions open for election:

1. President
2. Vice-President
3. General Secretary
4. Treasurer
5. Joint Secretary (Two Nos.)
6. Auditor



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No.....

Date.....

## Election Schedule:

- **Filing of Nominations:** 19.03.2025 to 21.03.2025 (Time: 10:00 AM to 5:30 PM)
- **Withdrawal of Nominations:** 22.03.2025 (Time: 10:00 AM to 5:30 PM)
- **Scrutiny of Nominations:** 23.03.2025
- **Publication of final Candidates list:** 24.03.2025

## Mandatory documents for nomination submission:

1. ONEA Membership Card
2. Aadhaar Card
3. Two Passport-Size Photos
4. Membership Card & Aadhaar Card of the **Proposer & Seconder**.

**Candidates failing to submit the required documents along with their nomination will be deemed ineligible.**

**Members are also requested to visit the official website of ONEA (<https://onea.in>) to download the nomination form and stay updated with the latest election-related news.**

For any queries, please contact the ONEA Head Office through its **Official Email Id:** [electionofficeronea2025@gmail.com](mailto:electionofficeronea2025@gmail.com) .

*Ranjana Roy*

Election Officer  
Odisha Nursing Employees Association

*Sadhana Guruswamy*

Election Officer  
Odisha Nursing Employees Association





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No.....

Date.....

Memo No. 02 /dt. 14/03/2025

Copy submitted to the Additional Secretary to Government, H & FW Department, Government of Odisha for information and necessary action.

*Rajendra Roy*  
Election Officer

Odisha Nursing Employees Association

*Sadhana Guman Singh*  
Election Officer

Odisha Nursing Employees Association

Memo No. 03 /dt. 14/03/2025

Copy submitted to the Additional Secretary to Government, Home (Asso.), Government of Odisha for information and necessary action.

*Rajendra Roy*  
Election Officer

Odisha Nursing Employees Association

*Sadhana Guman Singh*  
Election Officer

Odisha Nursing Employees Association

Memo No. 04 /dt. 14/03/2025

Copy submitted to the Director, Nursing, Odisha for information and necessary action.

*Rajendra Roy*  
Election Officer

*Sadhana Guman Singh*  
Election Officer

Memo No. 05 /dt. 14/03/2025

Copy submitted to State General Secretary/ Branch Presidents/ Secretaries/ Convenors of all Branches of ONEA for information and necessary action.

*Rajendra Roy*  
Election Officer

*Sadhana Guman Singh*  
Election Officer

**FORM-A**

**ONEA Election 2025-27**

**NOMINATION FORM**

(To be filled by member in good handwriting only)

1. Name of the Candidate : \_\_\_\_\_

2. Job Designation: \_\_\_\_\_

3. Place of posting with district name: \_\_\_\_\_

4. Membership No: \_\_\_\_\_

5. Position nominated for: \_\_\_\_\_

6. Correspondence address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Email ID: \_\_\_\_\_

9. Contact No. \_\_\_\_\_

<b>(Proposer)</b>	<b>Seconded By</b>
Name:	Name:
Membership No:	Membership No:
Place of Posting:	Place of Posting:
Email ID:	Email ID:
Mob No:	Mob No:
Signature:	Signature:

**Consent by Candidate:**

I hereby give my consent to contest for the position of \_\_\_\_\_ for the term **2025-2027**. I further declare that the information provided and the documents attached herewith are true and not fabricated.

Full Signature of Candidate