

# Indian Institute of Sindhology

Office Address: P.O.Box No.10, Ward-4/A,  
Adipur (Kutch)

## PROXY FORM

Name of the Member :	
Registered Address :	
Member No. :	
Type of Membership :	

I, being the member of Indian Institute of Sindhology of the above named Trust, hereby appoint:

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Membership \_\_\_\_\_ Member No. \_\_\_\_\_

E-mail ID: \_\_\_\_\_ Signature: \_\_\_\_\_

Or failing him/her

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Membership \_\_\_\_\_ Member No. \_\_\_\_\_

E-mail ID: \_\_\_\_\_ Signature: \_\_\_\_\_

Or failing him/her

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Membership \_\_\_\_\_ Member No. \_\_\_\_\_

E-mail ID: \_\_\_\_\_ Signature: \_\_\_\_\_

As my proxy to attend and vote ( on a poll) for me and on my behalf at the Annual General Meeting of Sindhology Trust, to be held on 22<sup>nd</sup> Dec,2016 for the purpose of Election of Trustees at Adipur (Kutch).

Signed this \_\_\_\_\_ day of \_\_\_\_\_

Signature of the member \_\_\_\_\_

Signature of the Proxy holder \_\_\_\_\_

Note: This form of Proxy in order to be effective, should be duly completed and reach at the Registered Office of the Trust, not less than 48 hours before the commencement of the Meeting.