



**The Association of Physicians of India**  
**Nomination Paper for all Elections**

Office for which the Candidate is nominated \_\_\_\_\_

Name of the Candidate \_\_\_\_\_

Address of the Candidate \_\_\_\_\_

Life Membership No : \_\_\_\_\_

Tel. Nos. Resi. \_\_\_\_\_ Office \_\_\_\_\_ Institution \_\_\_\_\_

Mobile: \_\_\_\_\_ email: \_\_\_\_\_

Name of the Proposer \_\_\_\_\_

Address of the Proposer \_\_\_\_\_

Life Membership No : \_\_\_\_\_

Date \_\_\_\_\_ Signature of the Proposer \_\_\_\_\_

Name of the Seconder \_\_\_\_\_

Address of the Seconder \_\_\_\_\_

Life Membership No : \_\_\_\_\_

Date \_\_\_\_\_ Signature of the Seconder \_\_\_\_\_

**CONSENT OF THE CANDIDATE**

I am willing to stand for the election, and I agree to serve on the Governing Body of the Association in the capacity of the nomination mentioned above, if elected. I also certify that the information provided in my Bio-Data is correct.

**Undertaking**

I hereby undertake that I have held the following posts / not held any post of the Governing Body of API / Faculty Council of ICP.

	<b>Post</b>	<b>Period</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Date \_\_\_\_\_ Signature of the Candidate \_\_\_\_\_