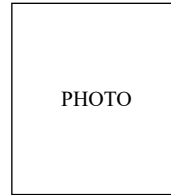




Indian College of Physicians (ICP)
Nomination Paper for all Elections



Office for which the Candidate is nominated _____

Name of the Candidate _____

Address of the Candidate _____

Membership No :- _____ Year of Fellowship : _____

Tel. Nos. Resi. _____ Office _____ Institution _____

Mobile: _____ email: _____

Name of the Proposer _____

Address of the Proposer _____

Membership No :- _____ Year of Fellowship : _____

Date _____ Signature of the Proposer _____

Name of the Seconder _____

Address of the Seconder _____

Membership No :- _____ Year of Fellowship : _____

Date _____ Signature of the Seconder _____

CONSENT OF THE CANDIDATE

I am willing to stand for the election, and I agree to serve on the Faculty Council of ICP 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.

	Post	Period
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Date _____ Signature of the Candidate _____