



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 _____

DECLARATION BY THE CANDIDATE

I hereby declare that the information given above is true and I have read all the instructions and criteria carefully. I hereby declare that I will abide by all the rules & regulations as per the constitution of ASSOCIATION OF PHYSICIANS OF INDIA. I, further declare that I will not indulge in any activity which may harm the honour & prestige of API India.

D. D. No. : Amount:

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 _____