

Nominations are invited from members of API for the post of **Hon. General Secretary**

**Eligibility Criteria:-**

Hon. General Secretary: To contest for the post of Hon. General Secretary the candidate should be a life member of API for at least 5 years and should have completed at least one continuous full term of 3 years in any elected position in the Governing Body. Nomination form can be downloaded from API website. Nomination can be sent by Email/ speed post/ courier to API office at Mumbai.

**Deadlines-**

The last date for receiving nomination is 06th September 2025 upto 5 pm

Last date for withdrawal is 10th September 2025 upto 5 pm.

As per API constitution election will be held in the governing body meeting to be held on 13th September 2025.

Dr. Sekhar Chakraborty  
Interim - General Secretary - API



## 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 \_\_\_\_\_