



**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 \_\_\_\_\_

Life Membership No : \_\_\_\_\_ Year of Fellowship : \_\_\_\_\_

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

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

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

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

Life Membership No : \_\_\_\_\_ Year of Fellowship : \_\_\_\_\_

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

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

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

Life Membership No : \_\_\_\_\_ Year of Fellowship : \_\_\_\_\_

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 \_\_\_\_\_