



**Physicians Research Foundation (PRF)  
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 Secunder \_\_\_\_\_

Address of the Secunder \_\_\_\_\_

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

Date \_\_\_\_\_ Signature of the Secunder \_\_\_\_\_

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