



ASSOCIATION OF PHYSICIANS OF INDIA UP CHAPTER

NOMINATIONS PAPER FOR ALL ELECTIONS

Post for which the candidate is nominated _____

Name of the Candidate _____

Membership No.(I) U.P. Chapter _____ (II) Parent Body _____

Address of the Candidate _____

Contact No. _____ E-mail: _____

(If above nomination is for Secretary, Joint Nomination for Treasurer should also be made.)

Name of the Candidate _____

Membership No.(I) U.P. Chapter _____ (II) Parent Body _____

Address of the Candidate _____

Contact No. _____ E-mail: _____

For Governing Body Membership:

From outside Medical Colleges

From Medical Colleges- Name of the College/Institution _____

Name of the Candidate _____

Membership No.(I) U.P. Chapter _____ (II) Parent Body _____

Address of the Candidate _____

Contact No. _____ E-mail: _____

Name of the Proposer: _____

Membership No.(I) U.P. Chapter _____ (II) Parent Body _____

Date _____

Signature of the Proposer

Name of the Seconder: _____

Membership No.(I) U.P. Chapter _____ (II) Parent Body _____

Date _____

Signature of the Seconder

UNDERTAKING AND CONSENT OF THE CANDIDATE

If elected to the above post, I agree to serve on the Governing Body of the Association and carry out my duties. I also certify that there are no dues outstanding against me in the Chapter.

Date: _____

Signature of the Candidate