



ASSOCIATION OF MEDICAL PHYSICISTS OF INDIA

www.ampi.org.in

Nomination form for election to the post of the Members of the Executive Committee/ Trust of the Association of Medical Physicists of India (AMPI) for the period from 2021 to 2024

Full Name of the Candidate.....

Membership No. & Address with email id

Name of the Proposer.....

Address of the Proposer.....

Membership No

Name of the Seconder

Address of the Seconder

Membership No

Signature of the Seconder

Place:

Date:

Signature of the Proposer

Place:

Date:

DECLARATION BY THE CANDIDATE

I, Shri/Shrimati/Ms./Dr.

hereby show my willingness to serve as *Member of the executive committee/trust** of the Association of Medical Physicists of India (AMPI), If I am elected to the said post. I further declare that I would attend at least three meeting of the executive committee and two meetings of trust every year. I hereby certify that the above mentioned information is correct and if at any time, it is found incorrect, my nomination is liable to be cancelled.

** Please cut whichever is not applicable.*

Signature of the Candidate

Place:

Date:

Please send your duly filled form to eo@ampi.org.in

For queries related to AMPI Election, please contact Dr. Nirmal Kumar Painuly, Election Officer AMPI EC, BoT and CMPI election 2021-24 at.....nk_painuly@yahoo.com