

ASSOCIATION OF MEDICAL PHYSICISTS OF INDIA

www.ampi.org.in



COLLEGE OF MEDICAL PHYSICS OF INDIA



Nomination form for CMPI election for the period 2021 - 2024

Full Name of the Candidate.....

AMPI Life Membership No

CMPI Membership No. Founding/Certified (Please Tick)

Current Affiliation with complete address

.....

Contact No. & email id

Experience on 31st Dec 2019 (Number of years) as practicing Medical Physicist

Name of the Proposer.

Address of the Proposer

.....

Membership No '

Name of the Secunder

Address of the Secunder

.....

Membership No '

Signature of the Secunder

Date & Place:

Signature of the Proposer

Date & Place:

I hereby certify that the above information is correct. If at any time, it is found incorrect, my nomination is liable to be cancelled.

Signature of the candidate

Date & Place:

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

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