|  |  |
| --- | --- |
|  | **ASSOCIATION OF MEDICAL PHYSICISTS OF INDIA**  **[www.ampi.org.in](http://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 Signature of the Proposer

Place: Place:

Date: 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 theexecutive 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: