 College of Medical Physicists of India 

**ASSOCIATION OF MEDICAL PHYSICISTS OF INDIA**

Election 2024-27

**Nomination Form (CMPI)**

Full Name of the candidate ………………………………………………………

AMPI Membership No. …………………… CMPI Membership No. …………

Current Affiliation with complete Address : ………………………………………….

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Mobile No and Email id: ……………………………………………………………..

Experience in the field of medical physics on 31st Decemeber 2022 (years): ……

Name and signature of the Proposer ………………………………………………….

AMPI Membership No. …………………… CMPI Membership No. …………

Address of the Proposer: …………………………………………………………….

Mobile No. and Email ID of proposer ………………………………………………

Place: Date:

Name and signature of the Seconder ………………………………………………..

AMPI Membership No. …………………… CMPI Membership No. …………

Address of the Seconder ……………………………………………………….

Mobile No. and Email ID of seconder …………………………………

.......................................................................

Place: Date:

**DECLARATION BY THE CANDIDATE**

I, Shri/Smt/Ms./Dr. .............................................................................................

hereby show my willingness to serve as *Member of the* ***CMPI******Board***of the Association of Medical Physicists of India (AMPI), If I am elected to the said post. I further declare that I would actively participate in meetings and all the proceedings of CMPI. 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.

Signature of the candidate: ………………………………………

Place: Date:

Please send your duly filled form to **ro@ampi.org.in .** For queries related to AMPI Election, please contact Shri S P Agarwal, returning officer AMPI EC, BoT and CMPI elections 2024 - 27 at. to **ro@ampi.org.in/spa250@gmail.com.**