



Association of Medical Physicists of India
College of Medical Physics of India



Elections 2027-2030

Nomination Form (CMPI)

Nomination for the position of

Name of the candidate

AMPI Membership No. CMPI Membership No.

Current Affiliation with complete Address

.....

Mobile No and Email id:

Experience in the field of medical physics on 31st Decemeber 2025 (years).....

Name of the Proposer

AMPI Membership No. CMPI Membership No.

Address of the Proposer

Mobile No. and Email ID of proposer

Name of the Seconder

AMPI Membership No. CMPI Membership No.

Address of the Seconder

Mobile No. and Email ID of seconder

Signature of proposer

Signature of seconder

Place:

Place:

Date:

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: