



Elections 2027-2030

Nomination Form (Executive Committee/Board of Trustee)

Nomination for EC member / BoT (Please cut which is not applicable) ...

Name of the candidate

AMPI Membership No

Current Affiliation with complete Address

.....

Mobile No and Email id

Name of the Proposer

AMPI Membership No & Address of the proposer

.....

Mobile No. and Email ID of proposer

Name of Seconder

AMPI Membership No & Address of the Seconder

.....

Mobile No. Email ID of seconder

Signature of proposer

Signature of seconder

Place:

Place:

Date:

Date:

Declaration by the candidate

I, Sri/Smt/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 to the best of my knowledge and if at any time, it is found incorrect, my nomination is liable to be cancelled.

*** Please delete whichever is not applicable.**

Signature of the candidate:

Place:

Date: