 Elections 2024-27

**ASSOCIATION OF MEDICAL PHYSICISTS OF INDIA**

**Nomination Form (EC/BoT)**

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

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

Address .............................................................................. …………………

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

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

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

Membership No. ……………………………………….

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

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

Place: Date:

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

AMPI Membership No ………………………………………………………………

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

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

Mobile No. 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* ***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 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:

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..ro@ampi.org.in/spa250@gmail.com.