



INDIAN ASSOCIATION OF PHYSICAL MEDICINE & REHABILITATION
NOMINATION FORM

for Executive Council Election 2025 - 2027

Post applied for: _____

Name of the candidate: _____

Address of the candidate: _____

Life Membership No: _____ Duration of Membership: _____

Phone: _____ Mobile: _____ E-mail Id: _____

Name of the Proposer: _____

Address of the Proposer: _____

Life Membership No' _____ E-mail Id: _____

Phone: _____ Mobile: _____

Date: _____ Full Signature of the Proposer: _____

Name of the Secunder: _____

Address of the Secunder: _____

Life Membership No' _____ E-mail Id: _____

Phone: _____ Mobile: _____

Date _____ Full Signature of the Secunder: _____

CONSENT OF THE CANDIDATE

I am willing to stand for the election and I agree to serve in the IAPMR EC in the capacity of the nomination mentioned above, if elected. I hereby also declare that the above particulars are true & I fulfill the eligibility criteria for the post I am contesting and I will be abiding by the rules and regulation of the Association.

Undertaking

I hereby undertake that I have held the following posts / not held any post of the IAPMR EN

POST HELD	PERIOD
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Date: _____ Full Signature of the candidate: _____

For Office Use

No: _____ Date & time of receipt _____

Remark _____ Eligible _____ Not Eligible _____

Special Remark

