



INDIAN ASSOCIATION OF PHYSICAL MEDICINE & REHABILITATION
NOMINATION FORM

for Executive Council Election 2027 _ 2029

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 seconder:

Address of the seconder: _____

Life Membership No: _____ E-mail Id: _____

Phone: _____ Mobile: _____

Date: _____ Full signature of the seconder: _____

CONSENT OF THE CANDIDATE

I am willing to contest in the election and 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 regulations of the Association.

Undertaking

I hereby undertake that I have held the following posts of the IAPMR EC in the past

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

