NC-AMPI Election 2027-2030
Nomination Form

Full Name (in BLOCK LETTERS) ……
Nomination for the post of……
AMPI LM No……..
Details of Experience in the jurisdiction of Northern Chapter-AMPI

Current Affiliation with complete Address

Mobile No. Email ID

Details of Proposer: -
Name: -
AMPI LM No…
Address-
Mobile No. Email ID
Details of Seconder: -
Name
AMPI LM No…
Address
Mobile No. Email ID

Signature of proposer
Place:
Date:

Signature of seconder
Place:
Date:

Declaration by candidate:

I …… hereby sign my willingness to serve as……..…. of Association of Medical Physicist of India- Northern Chapter (NC-AMPI). I hereby certify that the above information provided is correct. If found incorrect, my nomination is liable to be cancelled.

Place: Signature of candidate
Date: