# Nomination Details

I, Dr. \_\_\_\_\_\_\_\_\_do hereby give my consent to be nominated to the post of \_\_\_\_\_\_\_\_\_, IAPM for the session \_\_\_\_\_\_\_\_\_.

**Eligibility criteria fulfilling the nominations:**

1. Citizen of Indian origin
2. Resident of India
3. Life Member of IAPM No. \_\_\_\_ Year \_\_\_\_
4. Office Bearer of the IAPM /Moderator or Speaker during any of the academic sessions of APCON such as symposia /Member of the Editorial Board of IJPM /Office Bearer of any of the State Chapters of IAPM / Organizing Chairperson or Secretary or Treasurer of any APCON
5. GBMs attended during APCON attended in PHYSICAL or ONLINE mode: (Mention number)
6. Details of GBMs attended during APCON in PHYSICAL or ONLINE mode (2017; 2018; 2019; 2021; 2022) -
7. I declare that there are no Disciplinary action / litigation / dispute against me.

 Name :

 Address :

 Contact details : Mobile

 : email