



**The Association of Physicians of India - Tamilnadu State Chapter  
Nomination Paper for all Elections**

Office for which the  
Candidate is nominated \_\_\_\_\_

Name of the Candidate \_\_\_\_\_

Address of the Candidate \_\_\_\_\_

Life Membership No : \_\_\_\_\_

Tel. Nos. Resi. \_\_\_\_\_ Office \_\_\_\_\_ Institution \_\_\_\_\_

Mobile : \_\_\_\_\_ email : \_\_\_\_\_

Name of the Proposer \_\_\_\_\_

Address of the Proposer \_\_\_\_\_

Life Membership No : \_\_\_\_\_

Date \_\_\_\_\_ Signature of the Proposer \_\_\_\_\_

Name of the Seconder \_\_\_\_\_

Address of the Seconder \_\_\_\_\_

Life Membership No : \_\_\_\_\_

Date \_\_\_\_\_ Signature of the Seconder \_\_\_\_\_

**DECLARATION BY THE CANDIDATE**

I hereby declare that the information given above is true and I have read all the instructions and criteria carefully.

I hereby declare that I will abide by all the rules & regulations as per the constitution of ASSOCIATION OF PHYSICIANS OF INDIA TAMILNADU STATE CHAPTER. I, Further declare that I will not indulge in any activity which may harm the honour & prestige of API TNSC.

D.D.No:.....Amount:.....

**Undertaking**

I hereby undertake that I have held the following posts / not held any post of the Executive committee of API TN State Chapter.

	<b>Post</b>	<b>Period</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Date \_\_\_\_\_