

PLEASE FILL THE FORM IN BLOCK LETTERS

To,
The Chief Electoral Officer / Retuning Office,
Association of Physicians of India – Karnataka Chapter
API Bhavana, 16/F, Millers Tank Bund Road,
Vasanthanagar, Bengaluru-560 052.

I, Dr. _____ (API - Karnataka Chapter Membership No L-
& API Central Membership No L- _____) am willing to contest for the post of
_____ and serve the same, if elected.

Earlier I have served as the Executive committee member of API – KC (Mention the post and year or
mention Not Applicable)

- 1
- 2
- 3
- 4

I hereby certify that the above particulars are true, and I fulfill the eligibility criteria for the post I am contesting.

Name & Address:

Signature

Tele No / Mobile No..... & Email ID.....

Demand Draft No..... dt:..... for Rs.500/-payable at Bangalore in favor of
ASSOCIATION OF PHYSICIANS OF INDIA-KARNATAKA CHAPTER is enclosed

We Propose and Second the name of Dr
of API- Karnataka Chapter for the post of

(1)

(2)

Proposed by

Seconded by

Name

Name

Signature

Signature

Life Membership Number (Compulsory) a. API - KC b. API Central Tel No & Email ID.
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Life Membership Number (Compulsory) a. API - KC b. API Central Tel No & Email ID.
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- PS:-** 1. Associate members cannot propose or second the candidate for election.
2. No Members can propose for more than one candidate

For office use

Eligible	Not Eligible
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