**ACADEMY OF**

**HEALTH PROFESSIONS EDUCATORS, INDIA**

**Nomination Form For the AHPE Oration**

|  |  |  |
| --- | --- | --- |
| 1. Name of nominee: |  | Photo |
| 2. Designation: |  |
| 3. Age: |  |
| 4. AHPE Life Member number :(Optional) |  |
| 5. Academic Qualifications: |  |
| 6. Address: |  |
| 7. Mobile number: |  |
| 8. Email Address: |  |
| 9. Nationality |  |

Date: **Signature of Nominee**

Required enclosures (Tick if enclosed)

1. Complete curriculum vitae
2. List of publications
3. Evidence of contribution to health professions education in India

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**HEALTH PROFESSIONS EDUCATORS, INDIA**

Name of proposer:

Proposer’s AHPE Life Membership number:

 Seconded by:

AHPE Life Membership number:

I/ We hereby nominate for the post of Executive Committee of the Academy of Health Professions Educators for 2024.

**Date: Signature of Proposer 1 Signature of Proposer 2**