**ACADEMY OF**

**HEALTH PROFESSIONS EDUCATORS, INDIA**

**NOMINATION FORM FOR THE POST OF PRESIDENT ELECT OF AHPE 2024**

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

I hereby declare that if nominated to this post, I shall serve the Academy to the best of my capacity and ability. I shall follow all rules and regulations of the Academy.

Date: **Signature of Nominee**

Required enclosures (Tick if enclosed)

(a) What is your vision for AHPE? (200-300 word write up)

(b) Complete curriculum vitae:

(c) List of publications:

(d) Evidence of contribution to health professions education in India.

(e) Your contribution to AHPE

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Name of proposer:

Proposer’s AHPE Life Membership number:

 Seconded by:

AHPE Life Membership number:

I /We hereby nominate for the post of. President Elect of the Academy of Health Professions Educators for 2024.

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

*AHPE is registered under Maharashtra state, Mumbai vide registration number 452/2015 dated 27 Feb 2015*