

NOMINATION FORM FOR THE POST OF EXECUTIVE COMMITTEE MEMBER, AHPE

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) How do you intend to contribute to AHPE? (200-300 word write up)
- (b) Complete curriculum vitae.
- (c) List of publications.
- (d) Evidence of contribution to health professions education in India.



ACADEMY OF HEALTH PROFESSIONS EDUCATORS, INDIA

Name of Proposer: _____

Proposer's AHPE Life Membership number: _____

I hereby nominate _____ for the post of
Executive Committee of the Academy of Health Professions Educators.

Date:

Signature of Proposer

Contact details of the proposer (Email and phone number):

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