

NOMINATION FORM FOR THE POST OF PRESIDENT OF AHPE 2025-26

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



ACADEMY OF 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 President of the Academy of Health Professions Educators.

Date:

Signature of Proposer 1

Signature of Proposer 2

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

Proposer 1

Proposer 2