

APPLICATION FOR NOMINATION

Name of the candidate in capitals as per official records	
Age	
Qualifications	
Institute & University from which Physician Assistant degree has been completed	
Year of passing out	
Total years of experience as Physician Assistant	
IAPA Registration number	
Name of Proposer	
Institute & University from which degree has been completed	
IAPA Registration number	
Signature	
Name of seconder	
Institute & University from which degree has been completed	
IAPA Registration number	
Signature	

*I hereby confirm that I am willing to serve the national executive committee of Indian Association of Physician Assistants in the capacity of **Executive Committee Member** if elected and I am fully aware that my candidature will be rejected if I do not provide the necessary information or if I provide false information in the nomination form.*

Signature of the Candidate:

Date :