

NOMINATION FORM

Please send the soft copy of Nomination Form and relevant documents by email at **piccelection2024@gmail.com** by 5PM on **6th Oct 2023**.

Fill the form in CAPITAL Letters (scanned copy should be legible and clear)

Name of the candidate.....

Post applied for.....

Passport size
Photograph with
signature across part
of photo

Previous Positions held in PICC

	Position held	Year
1		
2		
3		
4		

Central IAP Membership No.....

Intensive Care Chapter Membership No.

Address (Include State, Zone, Pin code)

.....

PhoneMobile

Email

Fee Details: (attach screenshot of payment made)

Details of Proposer and Seconder:

Proposed by
(Name).....

Central IAP Membership No.....

Intensive Care Chapter Membership No.

Address.....

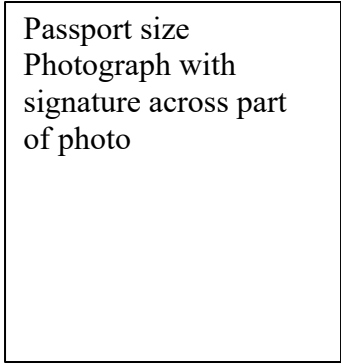
.....

Details of ID Proof submitted (*Please attach self-attested copy*)

.....

Phone no and email:

Signature of Proposer.....Date:



Seconded by (Name).....

Central IAP Membership No.....

Intensive Care Chapter Membership No.

Address

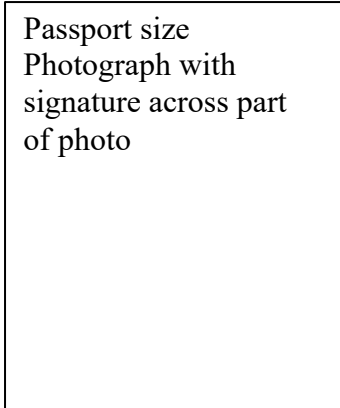
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Details of ID Proof submitted (*Please attach self-attested copy*)

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Phone no and email:

Signature of Seconder.....Date:



Signature of the Candidate:

Date: