

Indian Association of Palliative Care
Nomination Form
(For the IAPC's Office bearers starting office from February 2024)

Name of the candidate	
Post applied for	
IAPC Membership number	
Candidate's mobile number	
Signature of the Candidate	
Date and Place	
Declaration: If elected, I affirm that I am willing to accept this post in an honorary capacity and discharge my duties to the best of my ability. Signature of the candidate:	

Name of the proposer	
IAPC Membership number of the proposer	
Signature of the proposer	
Date and Place	

Name of the seconder	
IAPC Membership number of the seconder	
Signature of the seconder	
Date and Place	

Note:

1. The scanned copy of the signed and completed nomination form to be emailed to the Secretary, IAPC, at iapcelections@gmail.com before 5 p.m. on 15th December, 2023. Late nominations and nominations submitted to any other email address will not be accepted.
2. **Election date (if any):** 10th February, 2024.
3. **Last date to submit online nomination:** 5 p.m. on 15th December, 2023
4. **Last date to withdraw nomination:** 20th January, 2024
5. Please note that Applicants must use one form for one nomination.
6. Please write to nioiapc@gmail.com or assistant.nio.iapc@gmail.com for any queries.

Indian Association of Palliative Care Template for CV: IAPC's Office bearers starting office from February 2024

Note:

- Please use Font style: Times New Roman; Font size: 11 while filling in the below details
- Kindly limit the CV to 600 words
- The CV MUST NOT include any photographs or any newspaper cuttings
- Link to websites or publications can be provided
- The scanned copy of the signed and completed CV along with a picture of your's to be emailed to the Secretary, IAPC, at iapcelections@gmail.com before 5 p.m. on 15th December, 2023. Late submissions and submissions made to any other email address will not be accepted.
- Please note that Applicants must use one form for one submission.

Name of the candidate	
Position contesting for	
IAPC Membership number	
Number of years the candidate has been a member of the IAPC	
Educational qualifications	
Academic Credentials including publications related to Palliative Care (please enumerate briefly)	
Work experience in number of years:	Total: Palliative Care:
Work done in palliative care	

Vision for IAPC, if elected

Declaration:

The above mentioned information is true to the best of my knowledge.

Signature of the candidate:

Date:

Place: