ASSOCIATION OF PAEDIATRIC SURGEONS OF PAKISTAN

Please paste picture

NOMINATION FORM

Full Name: _____

CNIC Number: _____

PMDC Registration number & Year: _____

Qualifications: Fellowships/ Degrees, Year, Institution/University and Registration # _____

_____

_____

Current Designation: _____

Official Address including Province: _____

_____

_____

Official Telephone: _____ Cell/WhatsApp _____

Email address: _____

APSP Member (Full/Life)**:** Yes □ No □

Post Contesting for

- President (Elect) ☐
- General Secretary ☐

Endorsement by Two APSP Good Standing Members:

Name: _____	Name: _____
Institution: _____	Institution: _____
Address: _____	Address: _____
Email: _____	Email: _____
Signature: _____	Signature: _____

Additional Information by the candidate/proposers (if any).

For Office Use Only:

- Good Standing **Yes** ☐ **No** ☐
- Approved **Yes** ☐ **No** ☐

APSP Office Secretary | **Member EC-1**

Member EC-2 | **Chief Election Commissioner**

Mandatory Attachments:

1. Passport size color photograph
2. A short curriculum vitae
3. Personal statement
4. Consent form

Please Note: 1) Incomplete nomination form will not be considered/accepted. 2) Photograph, Short CV and Personal Statement will post on APSP webpage.