THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS

As Per IAP Memorandum 2024

STATE EXECUTIVE COMMITTEE ELECTIONS 2027–2030

NOMINATION FORM

PART A — CANDIDATE DETAILS

1. Full Name as per IAP membership records: _____
2. IAP Membership Number: _____
3. Date of Joining IAP: _____
4. Date of Birth: _____
5. Professional Qualifications: _____
6. Current Designation: _____
7. Institution / Organisation / Practice: _____
8. Correspondence Address: _____
9. City: _____ State: _____ PIN: _____
10. Mobile Number: _____
11. Email Address: _____

PART B — POST SOUGHT

Please select **one post only** from the posts officially notified for election.

State Name

Post Name :

PART C — ELIGIBILITY DECLARATION

I declare that:

1. I am an eligible IAP member and the particulars supplied in this form are true.

2. I satisfy the applicable minimum membership-duration requirement for the post sought.

3. I understand that the applicable provisions prescribe a minimum of five years of IAP membership for State positions as applicable under the IAP Memorandum, 2024.

4. I satisfy the applicable two-term restriction and cooling-off requirement from 2027 onwards.

5. I am not contesting for more than one EC post, whether Central or State, contrary to the applicable Memorandum provision.

6. I understand that my nomination is subject to scrutiny and verification by the Election Officers.

PART D — CONFLICT OF INTEREST AND INSTITUTIONAL COMMITMENT

I undertake to comply with the applicable conflict-of-interest and professional conduct provisions of the IAP Memorandum, 2024.

I declare that:

1. I Have disclosed all Past and Present association with Conflicting Organisation, positions or interest.

2. I shall not engage in activities constituting a prohibited conflict of interest under the Memorandum.

3. I shall comply with applicable restrictions concerning association with physiotherapy organisations having conflicting interests.

4. I shall refrain from unjustified or unseemly criticism of fellow members and the parent organisation.

5. I shall not misuse the IAP name, logo, records, membership data or institutional resources.

6. I understand that alleged violations may be referred to the competent authority under the applicable rules and My Election can be declared Null and Void.

Details of relevant affiliations or potential conflicts:

1.

You can add if it is More than one.Organisation.

☐ I have no relevant affiliation or potential conflict to disclose at this time.

PART E — POSITIVE CAMPAIGNING UNDERTAKING

I undertake to:

1. Campaign on my vision, achievements, policies and proposals for the advancement of IAP and physiotherapy.

2. Maintain professional dignity and respect towards all candidates and members.

3. Refrain from personal attacks, abusive language, intimidation, threats, harassment and coercion.

4. Not circulate false, fabricated, misleading, malicious or defamatory material.

5. Not spread unverified allegations or manipulate information to damage another candidate's reputation.

6. Not offer improper inducements or interfere improperly with members' voting choices.

7. Follow the approved Election Code of Conduct and lawful directions of the Election Officers.

8. Cooperate with the Election Tribunal, if duly constituted and authorised.

I understand that supplementary campaign rules are enforceable only to the extent duly approved by the competent IAP authority.

PART F — MANDATORY AFFIDAVIT AND DOCUMENTS

1 Affidavit and Undertaking

2.Mandatory Protocol and Undertaking

3 Demand Draft of Rs 5000 and 5000 two Separate For Central Election in favour of "IAPELECTION27", payable at Delhi, and one D.D for State Election of Rs 5000 in favour of "IAPELECTION27", payable at Delhi.

4.One Government I.D Which Shows Residential Address. i.e [Aadhaar/Voter I.D]

5.The Indian Association of Physiotherapists Membership Certificate Copy/I.D Card

6.Rules and Code of Conduct with Undertaking.

I understand that failure to submit the prescribed affidavit with my nomination and other Documents will result in disqualification under the applicable Mandatory Election Protocol.

PART G — CANDIDATE'S DECLARATION

I declare that the information provided in this form and its supporting documents is true and complete to the best of my knowledge and belief. I agree to abide by the IAP Memorandum, 2024, the applicable election rules and the approved Election Code of Conduct.

Place: _____

Date: _____

Candidate's Signature: _____

Candidate's Full Name: _____

PART H — PROPOSER AND SECONDER

Complete if required under the official election rules.

Proposer

Name: _____ Membership No.: _____

Signature: _____ Date: _____

Seconder

Name: _____ Membership No.: _____

Signature: _____ Date: _____

Please Send Your Nomination Before Deadline on Email I.D

iapelection27@physiotherapyindia.org

and Hard Copy to

Dr Niti Khurana

E-854

Basement , CR PARK

New Delhi- 110019

For Official Use Only

PART I — ELECTION OFFICERS' SCRUTINY

Date and time received: _____

☐ Membership eligibility checked.

☐ Applicable State post eligibility checked.

☐ Term limits and one-post requirement checked.

☐ Prescribed affidavit received.

☐ Required documents received.

Decision: ☐ Accepted ☐ Rejected ☐ Further scrutiny, where permitted

Reasons, if applicable:

Election Officer's Name: _____

Signature: _____ Date: _____

PART J — RECEIPT ACKNOWLEDGEMENT

Candidate: _____

Post sought: _____

Date and time of receipt: _____

Receiving Officer: _____

Signature / Seal: _____

Receipt does not constitute acceptance of the nomination.

Issued by: Office of the Election Officers, IAP
Election Term: 2027–2030

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