



ASSOCIATION OF PHYSICIANS OF INDIA (UP CHAPTER)

To,
Honorary Secretary
Association of Physicians of India (U.P. Chapter),
Dept. of Medicine, K.G's. Medical University, U.P. Lucknow – 226003.

Name of Orator : _____

Year : _____

Details of Nominee (Name, Age, Address, Designation): _____

UP API Membership No. : _____

Institution : _____

Speciality : _____

Field of Interest : _____

Proposed by:

Name: _____

UP API Membership no. _____

Signature: _____

Seconded By:

Name: _____

UP API Membership no. _____

Signature: _____

Certified that I have/ have not been awarded any oration in the annual conference of UP API (Mentioned below).

Category 1 : M.P. Mehrotra Oration

Category 2 : M.L. Mittal Oration.

Other documents to be attached:

1. Curriculum Vitae (C.V.)
2. A brief about yourself.
3. A letter from both proposer's as to why the nominee is suitable to receive the award.

Signature