

# WORLD CONGRESS OF PHYSIOTHERAPY, AIIMS – 2017

## NOMINATION FORM:

(Kindly fill in the following details. Attach additional sheets wherever required)

### Award Nominated For:

(Please tick only ONE sub category) :

#### Individual Category:

- Best Physiotherapy Clinician Award
- Best Physiotherapy Academician Award
- Best Physiotherapy Research Award
- Best Physiotherapy Entrepreneur Award

#### Lifetime achievement award

Significant contribution to the profession

#### Institutional Category:

- Best Physiotherapy College/ University Award
- Best Research institution Award

Attach recent passport size

Photograph

(In white or grey  
background)

### DETAILS OF NOMINEE

Full Name :

Date of Birth :

Designation & Institution :

Educational Qualifications :

Complete Postal Address :

Telephone Number ( With STD code)

- Office/Institution :

- Residence/Mobile :

Fax :

Website & Email(s) :

Details of Current Work (Please attach separate sheet, if necessary)

Details of Previous Work/ Employment (If Applicable):

Detailed Description of Achievement:

Rationale For Nomination :

Describe what makes the nominee appropriate for this award. Please describe the Nominee's path towards achievement, the difficulties, the struggles to achieve and the uniqueness/novelty of the service established. (Please attach separate sheet, if necessary)

Describe the impact of the Nominee's work on others in society:

Details of Grants in Aid that the Nominee has received with regard to work:

**IV. DETAILS OF NOMINATOR**

Full Name of the Nominator :  
 Conference registration is mandatory : Reg. No.....  
 Complete Postal Address of Nominator :  
 Telephone Number (with STD code) :  
 Email :

**V. DETAILS OF ENDORSERS (Endorsers will authenticate the details given in the nomination)**

	<b>Endorser/ Reference 1</b>	<b>Endorser/ Reference 2</b>
Full Name of the Endorser		
Complete Postal Address		
Telephone Number (with STD code)		
Fax		
E-Mail		

Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_ Place: \_\_\_\_\_

(Note: Please attach any other work-related photographs, copies of certificates & other relevant documents- Xeroxed & attested copies)

**DECLARATION**

I, ..... (Nominee Name) hereby declare that I am willing to accept the prestigious WCPAIIMS 2017 award, if selected.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Disclaimer:** Materials that accompany the application forms WILL NOT be returned. Incomplete form, inappropriate information will disqualify the entry automatically. Decision of jury is the final decision. Disputes of any kind related to awards will not be entertained. Further queries: wcpaiims@yahoo.com