Dear Member of AP API,

Greetings !

The following posts of the Executive Committee of Andhra Pradesh Chapter of API (APAPI) fall vacant for the year 2025-26. The Interested Life Members of APAPI who wish to contest the election can send and also email their nominations to the address given below.

Posts for which Election is called for the year 2026-27.

1. Chairman Elect from Zone – 2

2. Three- Vice Chairman (one from each zone)

    a. Zone – 1: Srikakulam, Vizianagaram, Visakhapatnam, East Godavari and West Godavari

    b. Zone -2 : Krishna, Guntur, Prakasam and Nellore

    c. Zone – 3 : Kurnool, Anantapur, Kadapa and Chittoor

3. Joint Secretary (Two posts)

    a. Chairman's Zone: To be nominated by the Chairman for 2026-27 (Dr. K.R.S. Jawahar from Zone – 1)

    b. Head Quarters – AP API, Kakinada

4. EC Members (tenure two years) – The following members are completing their tenure and applications are invited for number of posts noted as below :

    Zone – 1 : One vacancy (to be filled in place of Dr. A.R.K. Naidu)

    Zone – 2 : One vacancy (in place of Dr. K.V.P. Leela Prasad)

    Zone – 3 : One vacancy (in place of Dr. Arjun Kumar Avvarapu)

5. Hony. Secretary and Hony. Treasurer to continue till next term.

Presiding Officer will be immediate past chairman – **Dr. Ch. Manoj Kumar**

Nominations in the prescribed format from Life Members of APAPI are invited for filling of the above posts.

Nomination forms attached here and can also be downloaded from the office website of APAPI (**www.apiandhra.com**) and duly filled in nomination forms can be sent to the following address- **Dr. Ch, Manoj Kumar, Presiding Officer, for AP API Election, C/o. Dr. Vijaya Nursing Home, D.No. 21-1-3/1, 2nd Floor, Jawahar Street, Kakinada – 533 001.** The nomination form can be to be sent to the above address along with the proof of payment and can also be emailed to API

email id (**apapikkd@gmail.com**) for early information. The last date of submission of the nomination form is on : 24-07-2026.

The bank account details are as follows :

Account Number	: 75870100001731
Type of Account	: SB a/c
Name of the Bank	: Bank of Baroda
Account Name	: The Association of Physicians, AP Chapter
Place of the Bank	: GGH Extension, Kakinada
IFSC Code	: BARB0VJKGHR

The nomination fee for elections are :

a) Chairman Elect : Rs. 2,000/-
b) Vice Chairman : Rs. 1500/-
c) Joint Secretary : Rs. 1000/-
d) Executive Members : Rs. 1000/-

Eligibility Criteria (as per our registered constitution) :

For Chairman and Chairman Elect : At least 6 years as executive committee member

For Vice Chairman, Joint Secretary and Executive Committee members : At least 2 years as Life Member of APAPI.

Schedule of the Elections :

i. Last date of receiving nominations : 24-07-2026

ii. Last date of withdrawal : 31-07-2026

iii. Ballot paper / e-ballot will be posted on : 03-08-2026

iv. Last date for request for duplicate ballot paper : 08-08-2026

v. Last date to receive ballot paper / e-ballot : 14-08-2026

vi. Election on : 17-08-2026

vii. Counting of votes and declaration of results on: 22-09-2026

(Dr. K.S.R. SWAMY),
Hony. Secretary

AP CHAPTER OF API
Nomination form for Election for the year 2026-27

Post Applied for : ……...

Name of the Candidate : …… ….

Address of the Candidate : …….

…….....

…….

Phone number : …….

E Mail Id : …….....

Membership No : API – National : ……..… AP Chapter of API : ……..……

Name of the **First Proposer** : ……...…….

Phone number : ……..

E Mail Id : …….....

AP API Membership No : ……

Date : …….

Signature of the First Proposer
(Should be member of AP API)

Name of the **Second Proposer** : ……..…….

Phone number : ……..

Email Id :…….

AP API Membership No : ……..

Date : …….

Signature of the Second Proposer
(Should be member of AP API)

CONSENT OF THE CANDIDATE :

I agree to serve the Executive committee of the AP Chapter of Association of Physicians of the India. In case I get elected, I will serve association as per the constitution without taking any remuneration. The information given above is true to best of my knowledge. If any act of mine, which jeopardizes the image of the AP Chapter of Association of Physicians of India, my election may be disqualified.

Signature of the Candidate

Date :

Details of the draft enclosed :

Draft No : ……

Date : …….

Amount : ……..

Name of the Bank : ……..