

Part B To be completed by nominator (Please scan & upload PDF documents)

1st Nominator

(Nominator must be fellow of ICP & Should write recommendation in his/ her handwriting)

I wish to nominate Dr.for fellowship of ICP.

I am recommending his/ her name for following reasons:

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Nominator's Name:

Address:.....

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Signature

2nd Nominator

(Nominator must be fellow of ICP & Should write recommendation in his/ her handwriting)

I wish to nominate Dr.for fellowship of ICP

I am recommending his/ her name for following reasons:

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Nominator's Name:

Address:.....
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Signature

FOR Office Use Only

Application Received on / /
Nominator 1- ICP Fellow No. _____
Nominator 2- ICP Fellow No. _____

Secretary ICP