**PROFORMA OF NOMINATION FOR THE ELECTION OF OFFICE BEARERS, C.C. MEMBERS AND EDITORIAL BOARD**

We hereby nominate **Sri / Smt./ Dr./ Prof.** .......................................................................

**Designation:**  ..........................................................................

**Address:** ............................................................................

IPHA Membership No. ............................ Mobile:.............................

Email ID of Candidate: ............................. Fax: ..................................

For the post of ...................................................................... for the Term ........................

For the region (if applicable)......................................, Date: ................... Place: .........................

**Proposed by:** **Seconded by:**

Name in block letter.......................... Name in block letter...............................

IPHA Membership No. :.................................. IPHA Membership No. :..............................

Signature............................................. Signature..........................................

Date: ........................Place........................... Date:...................................Place..................

I hereby give my consent for the above mentioned post. My bio-data and a draft of Rs. 500/- in favour of **“ Indian Public Health Association”** Payable at Kolkata (Draft No. ...............................

Date.........................Bank...............................................................) are enclosed herewith. I also certify that I have not been elected and served for two consecutive terms in the same post.

**Full signature of the candidate** ...........................................................................

**Date:** ................................................... **Place:**....................................................

**N.B.** Enclose Bio-data containing Name, Date of Birth, Qualification, Present position, professional Experience in years, Total year of Membership, Duration of Membership of IPHA and other organizations, Whether holding any post of office bearers / Central Council member in the Headquarter Secretariat or in its branches as office bearers or Executive Body members, Achievements awards, fellowships and projects, publications and other relevant information, if any.

**As per decision of the Annual General Body meeting held at Nagpur in the year 2003, a non-refundable fee of Rs. 500/- as a demand draft in favour of “Indian Public Health Association” should be enclosed along with each nomination form, otherwise nomination will be considered invalid.**