

**NOMINATION FORM FOR THE ELECTION OF OFFICE BEARERS, CENTRAL COUNCIL
MEMBERS AND EDITORIAL BOARD OF IPHA [2023-2025]**

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

Designation:

Address:

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

Email ID: Email ID 2:

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 are enclosed herewith. Details of online transaction or NEFT of **Rs. 2000/-** in favour of "Indian Public Health Association", Bank: State Bank of India; Branch: Calcutta University; Account No: 32402310306 ; IFSC: SBIN0007766.

Transaction No.:

Date..... Bank.....

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:**.....

* 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.

A non-refundable fee of Rs. 2000/- as an online transaction or NEFT in favour of "Indian Public Health Association" should be sent through email (office@iphaonline.org) or be attached with the nomination form for reference, otherwise nomination will be considered invalid.