



Indian Association of Preventive & Social Medicine

Uttar Pradesh and Uttarakhand State Chapter

Head Office: Department of Community Medicine,
Muzaffarnagar Medical College, Muzaffarnagar

Mobile: +91-9759585668, +91-9411311561, Fax: +91-1396-252703

E-mail: secretaryiapsmupuk@gmail.com; Website: www.iapsmupuk.org



Nomination Form for Elections of Indian Association of Preventive & Social Medicine Uttar Pradesh & Uttarakhand State Chapter

Date:

THE SECRETARY,

IAPSM UPUK State Chapter,
Department of Community Medicine,
Muzaffarnagar Medical College,
Muzaffarnagar-251203,
Uttar Pradesh.

Sir,

I, (Proposer) Dr....., hereby propose the name of Dr.
whose Life Membership Number of IAPSM is of (designation and address of the nominee)

.....
for the office of IAPSM UPUK State Chapter as Vice-President/ Secretary/ Executive Member of the Governing Council/
Chief Editor of IJCH for the year..... I have confirmed that he/she is eligible for the election to the office of

.....
I understand that if the nomination form is not in order, it is likely to be rejected.

*Name (Proposer) Signature
Date.....Time.....Life membership No. Address
..... Telephone Fax
email..... Mobile

I hereby second this proposal

*Name (Secunder) Signature
Date.....Time.....Life membership No. Address
..... Telephone Fax
email..... Mobile

I have no objection

*Name (Nominee) Signature
Date.....Time.....Life membership No. Address
..... Telephone Fax
email..... Mobile

(*The name of those proposing and seconding must be on the Register of Members of the Society)

^Nomination Fee: Vice-President/ Secretary/ Chief Editor: @ Rs. 1000/- Executive Member: @ Rs 500/-

Account Name: IAPSMUPUK State Chapter, Account No: 33940861987, Type: Saving Account, Bank Name: State Bank of India (SBI)
HIHT, Branch: HIHT Jolly Grant, Dehradun, Branch Code: 10580, IFSC Code: SBIN0010580, MICR Code: 248002201

For Office Use Only

Nomination fee deposited: Yes / No (if yes), details of the payment mode: DD / Online Transfer, Amount:

Dated:, details of the DD/ Online Transfer

Verified by (name):

Signature:.....

BRIEF SELF INTRODUCTION OF THE CANDIDATE

1. Name:
2. Post applied for:
3. Life Membership Number of IAPSM:
4. Age/Sex:
5. Designation:
6. Current institution affiliated with:
7. Experience in the field of Community Medicine (in years):
8. Previous responsibilities given by IAPSM UPUK/ IAPSM (if any, give details):
9. Associated with any other association/society (if any, give details):
10. Have you ever been terminated from the primary membership of IAPSM ? Yes/ No.
11. Have the responsibility given to you by the association in the past be withdrawn ? Yes/ No.
12. Have you gone through the Constitution of IAPSM? Yes/ No.
13. Have you gone through the Constitution of IAPSM UPUK State Chapter? Yes/ No.
14. Number of National Conferences of IAPSM attended so far:
15. Number of State Level Conferences of IAPSM attended so far:
16. Experience of holding relevant post in other organizations (if any, give details):
17. Pen down the biggest achievement so far in the professional life:
18. If elected, what would be your vision/priorities to work for the association:
19. Any other relevant information:
20. I declare that the informations given above are true to the best of knowledge.



.....
Signature of the candidate