



# INDIAN PUBLIC HEALTH ASSOCIATION

*Headquarters Secretariat*

110, Chittaranjan Avenue, Kolkata 700 073

*Registered under Society Act No. S/02809 of 1957 – 58*

## Format for Fellowship Application

**Name:**

**Membership ID No:**

**Proposed by:**

**Name of the Proposer:** \_\_\_\_\_ **Fellow Membership ID No:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of the proposer**

(Only original signature will be accepted)

**Seconded by:**

**Name of the Seconder:** \_\_\_\_\_ **Fellow Membership ID No:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of the seconder**

(Only original signature will be accepted)

### **Contribution to Public Health (Details to be provided):**

Public Health Awards:

Publications

Papers:

Books:

International Assignments:

Research / Projects :

Member of Committees:

Any other significant contribution:

### **Contribution to the IPHA: (Details to be provided)**

Attended conferences (Participation certificate of National Conference – **at least three**):

Served as Office bearer:

Served in CC/ committee:

Any other significant contribution:

**Date of submission:**

\_\_\_\_\_  
**Signature of the applicant**