



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