



# INDIAN PUBLIC HEALTH ASSOCIATION

## NOMINATION FORM FOR THE ELECTION OF OFFICE BEARERS, CENTRAL COUNCIL MEMBERS OF IPHA & EDITORIAL BOARD OF IJPH [2026-2028]

We hereby nominate SRI / SMT./ DR./ PROF.: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IPHA Membership No.: \_\_\_\_\_

Mobile: +91 \_\_\_\_\_

Registered Email ID: \_\_\_\_\_

For the post of (in Capital Letter): \_\_\_\_\_

For the Term: (2026 – 2028) For the region/zone (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Proposed by:

Seconded by:

NAME IN BLOCK LETTERS: \_\_\_\_\_

NAME IN BLOCK LETTERS: \_\_\_\_\_

IPHA Membership No.: \_\_\_\_\_

IPHA Membership No.: \_\_\_\_\_

Full signature:

Full signature:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

I hereby give my consent for the above mentioned post. My bio-data are enclosed herewith. Details of the online transaction/NEFT of the nomination fees (non-refundable) in favour of the "Indian Public Health Association" are also enclosed.

Transaction No./Bank ref. no.: \_\_\_\_\_

Transaction date: \_\_\_\_\_ Through the bank (payee's bank name): \_\_\_\_\_

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: \_\_\_\_\_

Enclosed:- (tick mark beside the boxes)

1. Bio-data
2. Proof of completed tenure in Central Council & EB (if applicable)
3. Copy of National Conference Attendance Certificate (if applicable)
4. Proof of payment
5. Proof of identity (preferably Aadhaar card)
6. Proof of present office / residence
