



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:

NAME IN BLOCK LETTERS: _____

IPHA Membership No.: _____

Full signature: _____

Date: _____ Place: _____

Seconded by:

NAME IN BLOCK LETTERS: _____

IPHA Membership No.: _____

Full signature: _____

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

[Signature]