



Indian Association of Preventive & Social Medicine
UP UK Chapter

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Ref. no: IAPSM UPUK/ HQ/ MZN/ 2016/ 051

DATED: 30 / 06 / 2016

APPEAL

In the interest of our association all the Heads, Eminent Professors and Faculty Members of the Department of Community Medicine from various Medical Colleges of Uttar Pradesh & Uttarakhand are hereby requested to encourage all of their young faculty members and Post Graduate students to have primary membership of the association at the earliest.

The Head Quarter of IAPSM UP UK state Chapter is committed to provide all the benefits to the members of the association which they deserve as per our norms. We all should come forward in a united manner to achieve the aim & objectives of our association. IAPSM membership form can be downloaded from www.iapsm.org

I hope this membership drive in UP & UK will strengthen our association many fold. I look forward to have positive response all over.

LONG LIVE IAPSM!!!

With best wishes & warm regards,

SECRETARY
IAPSM UPUK
2014 - 2017



Indian Association of Preventive and Social Medicine

Department of Community Medicine

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Form for Membership/ Updating Bio-Data

Date:.....

To
The Treasurer
Indian Association of Preventive & Social
Medicine Department of Community
Medicine
GMERS Medical College, Sola, Ahmedabad - 360001

Dear Sir,

Kindly enroll me as a Member for **Life** my Membership of the Indian Association of Preventive and Social Medicine for the year _____. The membership fee of **Rs 4000** is being deposited herewith in cash/ is being sent by M.O./Draft/Net banking. I also agree to abide by terms and conditions for this membership as well as the Constitution of IAPSM

☐ **I am already a member. Please update my details.**

***The draft should be drawn in favour of "Indian Association of Preventive and Social Medicine", payable at Ahmedabad**

1.	Full Name (<i>in CAPITAL letters</i>)			
2.	Surname			
3.	Sex: Male/ Female			
4.	Date of Birth			
5.	Fields of Interest (<i>Maximum 3</i>)	1.		
		2.		
		3.		
6.	Present Designation			
7.	From where did you pass your two most important degrees/ diplomas (MBBS & Community Medicine /PSM/SPM)?	Degree/ Diploma	Name of the Institute	Year of Entry
8.	Work Place Address (<i>Current</i>)	District/City: State: Country: Pin Code:.....		
9.	Work Place Phones & Fax Nos.	STD Code:		
		Phone No.:		
		Fax:		

(Please Turn Over)

10	Home Address (<i>Current</i>)	District/City: Country: State: Pin Code:.....	
11.	Home Phones	STD Code: Phone No.:	
12.	Mobile Phone No.	1.	2.
13.	E-mail IDs	1.	2.
14.	Preferred Correspondence Address (<i>Please Tick One</i>)	<input type="checkbox"/> Home	<input type="checkbox"/> Work Place
15.	**Payment of Fee:	By: Cash DD Cheque NEFT Dated: For Rs. Drawn on(bank):	
•	<i>For existing members only:</i>	Your Life Membership Number	L - No.:
	<i>Signature of applicant</i>		
	Signature & Stamp of HOD of Department of Community Medicine / Organization / Institute (in case of Post Graduates)		

I have read / downloaded a copy of the Constitution of IAPSM from the website www.iapsm.org.in

For Office Use Only

- Category of Membership: Life / Ordinary New / Ordinary Renewal
- Money credited on:
- Enrolment Number:
- Receipt No. :
- Life membership(L-) Number Allotted to this new member:

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Secretary General/ Jt. Secretary/Treasurer

Important Notes :

- Send the filled form (without payment detail) for verification of eligibility. Once it is verified and approved fill complete form with payment detail and submit.
- Please duly fill the form and scan it with scanner machine and mail the scan copy to iapsmtreasurer@gmail.com along with the filled word copy for updating your details.