



# Indian Association of Preventive & Social Medicine

## Uttar Pradesh and Uttarakhand State Chapter

Head Office: Department of Community Medicine,

Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow, UP

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### Nomination Form for Elections of Governing Council IAPSM Uttar Pradesh & Uttarakhand

Date: .....

To,

**Prof. (Dr.) Jayanti Semwal**

(Chief Election Officer – Elections IAPSMUPUK for GC 2025-26)

Mob-9412008770

Email: [jayantisemwal@srhu.edu.in](mailto:jayantisemwal@srhu.edu.in)

Sir,

I, (Proposer) Dr....., hereby propose the name of Dr. ....  
whose Life Membership Number of IAPSM is.....of (designation and address of the nominee)

.....  
for the office of IAPSM UPUK State Chapter as President/ Secretary/ Chief Editor of IJCH / Executive Member of the  
Governing Council for the year.....I have confirmed that he/she is eligible for the election to the office of

.....  
I understand that if the nomination form is not in order, it is likely to be rejected.

\*Name (Proposer) ..... Signature .....  
Date.....Time.....Life membership No. .... Address .....  
..... Telephone ..... Fax .....  
email..... Mobile .....

I hereby second this proposal

\*Name (Secunder) ..... Signature .....  
Date.....Time.....Life membership No. .... Address .....  
..... Telephone ..... Fax .....  
email..... Mobile .....

I have no objection

\*Name (Nominee) ..... Signature .....  
Date.....Time.....Life membership No. .... Address .....  
..... Telephone ..... Fax .....  
email..... Mobile .....

(\*The name of those proposing and seconding must be on the Register of Members of the Society)

**\*Nomination Fee: President/ Secretary/Chief Editor: @ Rs. 1000/- Executive Member: @ Rs 500/-**

Account Name: ASSOCIATION OF PREVENTIVE AND PUBLIC HEALTH, Account No: 41003630977, Type: Current Account, Bank Name: State Bank of India (SBI), Lucknow, PICUP, PICUP BHAWAN, Vibhuti Khand, Gomti Nagar, Lucknow, UP-226010, Branch Code: 50643, IFSC Code: SBIN0050643, MICR Code: 226002138

*For Office Use Only*

Nomination fee deposited: Yes / No (if yes), details of the payment mode: DD / Online Transfer, Amount: .....

Dated: ..... , details of the DD/ Online Transfer .....

Verified by (name): .....

Signature:.....

**BRIEF SELF INTRODUCTION OF THE CANDIDATE**

1. Name: .....
2. Post applied for: .....
3. Life Membership Number of IAPSM: .....
4. Age/Sex: .....
5. Designation: .....
6. Current institution affiliated with: .....
7. Experience in the field of Community Medicine (in years): .....
8. Previous responsibilities given by IAPSM UPUK/ IAPSM (if any, give details): .....
9. Associated with any other association/society (if any, give details): .....
10. Have you ever been terminated from the primary membership of IAPSM ? Yes/ No.
11. Have the responsibility given to you by the association in the past be withdrawn ? Yes/ No.
12. Have you gone through the Constitution of IAPSM? Yes/ No.
13. Have you gone through the Constitution of IAPSM UPUK State Chapter? Yes/ No.
14. Number of National Conferences of IAPSM attended so far: .....
15. Number of State Level Conferences of IAPSM attended so far: .....
16. Experience of holding relevant post in other organizations (if any, give details): .....
17. Pen down the biggest achievement so far in the professional life: .....
18. If elected, what would be your vision/priorities to work for the association: .....
19. Any other relevant information: .....
20. I declare that the information given above are true to the best of knowledge.



.....  
**Signature of the candidate**