

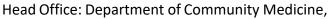
To,

Prof. (Dr.) Jayanti Semwal

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

## **Indian Association of Preventive & Social Medicine**

## Uttar Pradesh and Uttarakhand State Chapter







Date: .....

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

*Name (Seconder) Signature Date Time Life membership No. Address Telephone Fax Mobile Signature Date Time Mobile Signature Date Time Signature Date Time Signature Date Time Signature Date Time Life membership No. Address Telephone Fax Mobile Signature Date Time Signature Date Time Signature Signature Signature Signature Date Signature	Mob-9412008770	
, (Proposer) Dr	Email: jayantisemwal@srhu.edu.in	
whose Life Membership Number of IAPSM is	,	
for the office of IAPSM UPUK State Chapter as President/ Secretary/ Chief Editor of IJCH / Executive Member of the Governing Council for the year		
or the office of IAPSM UPUK State Chapter as President/ Secretary/ Chief Editor of IJCH / Executive Member of the Soverning Council for the year	•	· •
understand that if the nomination form is not in order, it is likely to be rejected.  Name (Proposer)	or the office of IAPSM UPUK State Chapter as Preside Governing Council for the yearl h	nt/ Secretary/ Chief Editor of IJCH / Executive Member of the
Date Time Life membership No. Address Telephone Fax Mobile Mobile Signature Signature Telephone Fax Mobile Mobile Mobile Signature Telephone Fax Mobile Mobile Time Life membership No. Address Telephone Fax Mobile Telephone Fax Mobile Mobile Mobile Mobile Mobile Telephone Fax Mobile Mobile Telephone Fax Mobile Mobile Telephone Fax Mobile Telephone Fax Mobile Mobile Telephone Fax Mobile Telephone Fax Mobile Telephone Fax Mobile Telephone Fax Mobile For Mobile Mobile Mobile Mobile Telephone Fax Mobile State Bank of India (5BI), Lucknow, PICUP , PICUP BHAWAN, Vibhuti Khand, Gomti Nagar, Lucknow, UP-226010, Branch Code: 50643, IFSC Code: SBIN0050643, MICR Code: 226002138 For Office Use Only Mobile Transfer Mobile Mobile Mobile Mobile Signature: Signature		er, it is likely to be rejected.
hereby second this proposal  Name (Seconder) Date		
hereby second this proposal  *Name (Seconder)	DateTimeTime	Life membership No Address
Telephone Fax		
Date		
have no objection  Name (Nominee)  Otate		
have no objection *Name (Nominee)		
*Name (Nominee)		
(*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:		
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For Office Use Only  Nomination fee deposited: Yes / No (if yes), details of the payment mode: DD / Online Transfer, Amount:	Account Name: ASSOCIATION OF PREVENTIVE AND PUBLIC State Bank of India (SBI), Lucknow, PICUP, PICUP BHAWA	C HEALTH, Account No: 41003630977, Type: Current Account, Bank Name:
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:	Nomination fee deposited: Yes / No (if yes), details of the	he payment mode: DD / Online Transfer, Amount:

## **BRIEF SELF INTRODUCTION OF THE CANDIDATE**

<b>1.</b> Name:			
2. Post applied for:	Affix Passport size		
3. Life Membership Number of IAPSM:	photograph of the candidate		
<b>4.</b> Age/Sex:			
5. Designation:			
<b>6.</b> 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)	:		
<b>9.</b> Associated with any other association/society (if any, give details):			
<b>10.</b> 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 with	drawn ? Yes/ No.		
12. Have you gone through the Constitution of IAPSM?	Yes/ No.		
<b>13.</b> 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:			
<b>16.</b> Experience of holding relevant post in other organizations (if any, give de-	tails):		
17. Pen down the biggest achievement so far in the professional life:			
<b>18.</b> If elected, what would be your vision/priorities to work for the association	n:		
19. Any other relevant information:			
20. I declare that the information given above are true to the best of knowled	dge.		
Signature of the candidate			