

OFFICE BEARERS

President

Manisha Karne

Vice President

Md Zakaria Siddiqui

Secretary

Salim Shah

Joint Secretary

Reshmi Sengupta

Treasurer

Rudra Narayan Mishra

Member

William Joe

Rinshu Dwivedi

Sunil Rajpal

Gudakesh

Anjali Dash

INDIVIDUAL LIFE MEMBERSHIP FORM

The Secretary,
Indian Health Economics and Policy Association (IHEPA)
Email: secretary.ihepa@gmail.com

Dear Madam/ Sir,

I would like to request that you enrol me as a Life Member of the Indian Health Economics and Policy Association (IHEPA).

I, the undersigned, hereby apply for Life Membership of the Indian Health Economics and Policy Association (IHEPA) and undertake to abide by its Constitution, Bye-laws, Rules and Regulations and to do all I can to advance the status of health economics and policy research in India.

Kindly find the details below.

Sincerely,

(Name and Signature)

Date:

(Write in Block Letters)

| | First | Middle | Last |
|-------------------------------------|-------|--------|------|
| Name (Dr/Mr/Mrs/Ms): | | | |
| Gender: | | | |
| Date of Birth: | | | |
| Nationality: | | | |
| Educational Qualification: | | | |
| Occupation/Profession: | | | |
| Organization/Affiliation: | | | |
| Current Position/Designation | | | |
| Mailing Address: | | | |
| Email Address: | | | |
| Mobile Number: | | | |
| Permanent Address: | | | |
| Subject Area(s) of Interest | | | |

OFFICE BEARERS

President

Manisha Karne

Vice President

Md Zakaria Siddiqui

Secretary

Salim Shah

Joint Secretary

Reshmi Sengupta

Treasurer

Rudra Narayan Mishra

Member

William Joe

Rinshu Dwivedi

Sunil Rajpal

Gudakesh

Anjali Dash

Details of Membership Fees:

| Type of Life Membership | Indian (Rs.) | Others (Rs.) |
|----------------------------|--------------|--------------|
| Individual Life Membership | 3,000 | 10,000 |

Note: (i) IHEPA does not accept membership fee paid from outside India or in foreign currency.
(ii) Kindly send the filled-in application form in PDF version either by Post or via email after payment of appropriate fees by means of Online Bank Transfer / Cheque in favour of “**Indian Health Economics and Policy Association IHEPA**” to Prof. Salim Shah, Department of Economics, Tripura University, Suryamaninagar, Tripura – 799022, India, Email: secretary.ihepa@gmail.com & cc to office.ihepa@gmail.com.

Payment Details (RTGS/NEFT/IFSC):

| | |
|---------------------|--|
| Account Name | Indian Health Economics and Policy Association IHEPA |
| Account Type | Current Account |
| Account Number | 0765102000013642 |
| Bank and Branch | IDBI Bank, Deonar Branch, Mumbai |
| IFSC Code | IBKL0000765 |
| Address of the Bank | Safal Pride, Unit No. 1, Basement and Gr Floor, Sion Trombay Road, Deonar, Mumbai, Maharashtra-400088 |

Payment Details (to be filled):

1. Amount Paid: Rs. _____ (in words _____)
2. Mode of Payment (Provide details):
3. Reference Number of Online Transaction:
4. Date of Payment:
4. Name of Bank:
5. Place:

N.B.: 1. All applications for membership are placed before the Governing Council, IHEPA in its meeting, organized from time to time and those found suitable are admitted as members after which the letters of membership confirmation or otherwise would be sent.

2. For further information of IHEPA, write to secretary.ihepa@gmail.com.