

OFFICE BEARERS

President

Manisha Karne

Vice President

Md Zakaria Siddiqui

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Joint Secretary

Reshmi Sengupta

Treasurer

Rudra Narayan Mishra

Member

William Joe

Rinshu Dwivedi

Sunil Rajpal

Gudakesh

Anjali Dash

INSTITUTIONAL MEMBERSHIP FORM

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

Dear Madam/ Sir,

We would like to request you to kindly enrol our Institution as an Institutional Member of the Indian Health Economics and Policy Association (IHEPA).

We, the undersigned, hereby apply to become an Institutional Member of the Indian Health Economics and Policy Association and undertake to abide by its Constitution, Bye-laws, Rules and Regulations and to do all we can to advance the status of health economics and policy research in India.

Kindly find the details below.

Sincerely,

Name and Designation:

Authorised Signatory

Date:

(Write in Block Letters)

Name of the Institution:

Type of Institution:

Whether Government/Non-Government:

Name/Designation of Contact Official:

Areas and Activities of the Institution:

Address:

Email:

Mobile Number:

Website(URL):

OFFICE BEARERS**President**

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Details of Membership Fees:

Type of Life Membership	Indian (Rs.)	Others (Rs.)
Institutional Membership	10,000	30,000

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.