

**The Indian Pharmaceutical Association  
Fellowship Award – Nomination Form**

**Appendix I  
Page 1/2**

<b>Name of the Nominee (in Block Letters)</b>	
<b>IPA Membership No.</b>	
<b>Date of Joining Member for years</b>	
<b>Address of the Nominee</b>	
<b>Name of the Nominator</b>	
<b>IPA Membership No. Date of Joining Member for years</b>	
<b>Address of the Nominator</b>	
<b>Name of the 1<sup>st</sup> Supporter</b>	
<b>IPA Membership No. Member for years</b>	
<b>Name of the 2<sup>nd</sup> Supporter</b>	
<b>IPA Membership No. Member for years</b>	

**Information about the Nominee**

<b>Educational Qualification</b>	
<b>Highest Position held</b> Name and address of Organization / Institution	
<b>Outstanding contributions in any of the field of Pharmacy namely Research, Education, Community Pharmacy, Hospital Pharmacy, Clinical Pharmacy, Drug Management, Regulatory control, Industrial Pharmacy etc.</b>	
<b>Served as an Office Bearer on the Central Council or State / Local Council or Divisional Committee of the IPA. ( e.g. President, Vice- President, Hon. Gen. Secretary, Treasurer, Editors of IPA publications or a member of the Executive Council of IPA at Central or at State / Local Branch level for at least four years.)</b>	
<b>Delegate or representative of the IPA on any Government Statutory Body / Committee, or fraternal organizations such as IPCA, PCI, DTAB, etc.</b>	
<b>Actively participated as an Office Bearer either in holding Annual Pharmaceutical Congress, Sessions, Conventions, Seminars, Symposia, Workshops, Exhibitions, Training programs organized by the IPA, or in association with fraternal international organizations like CPA, FAPA, FIP, PDA, AAPS, WHO etc.</b>	
<b>Served as Convener, Chairman, and Faculty member at programs organized by IPA or its Divisions.</b>	

Note : You may add justification on one A4 size paper using font size not less than 12.

Attached : Yes / No

	Nominator	1st Supporter	2nd Supporter
Name			
Signature			
Place			
Date			