

## Institutional Membership Form

## OFFICE BEARERS

President  
Ramesh Bhat

Vice President  
Shreelata R. Seshadri

Secretary  
V. Selvaraju

Joint Secretaries  
S.K. Godwin  
V.B. Annigeri

Treasurers  
S.K. Godwin  
V. Selvaraju

Name of Institution :

Type of Institution :

Mailing Address :

:

Name/ Designation of  
Contact official :

Phone Number/s :  
(Country) (Area) (Number)

Contact e-mail :

Specific areas of interest in Health :  
Economics/ Health Policy

## Membership requested: Please Type "YES" in the Relevant Category

Type of Membership	Indian		Others	
	Annual	Life	Annual	Life
Institutional Membership				

## Payment Details

1. Amount Paid (Rs.):.....(in words) rupees.....

2. Mode of Payment (please tickmark): **Cheque**  / **Online**  / **Cash**

3. Reference Number of: Cheque/Online.....

4. Date of Payment.....4. Name of Bank.....

5. Place:.....

Date:

Place:

Name & Signature:

**Note:**

Please send the filled-in (scan) copy of the form by email to [secretary.ihepa@gmail.com](mailto:secretary.ihepa@gmail.com)  
& cc [treasurer.ihepa@gmail.com](mailto:treasurer.ihepa@gmail.com).

**Membership Fees**

Type of Membership	Indian (Rs.)		Others (Rs.)	
	Annual	Life	Annual	Life
Institutional Membership	5,000	10,000	10,000	30,000

**How to make payment**

1. Online transfer (RTGS/NEFT/IFSC). The details for online payment are:

Name of Account: **IHEPA**

Account no: 05881450000161

IFSC Code: HDFC0000588

HDFC Bank Ltd,

Sector-4, RK Puram

New Delhi - 110022

2. Bank cheque in favour of

**IHEPA**, A/c No. 05881450000161

HDFC Bank, New Delhi

and **deposit the same at any HDFC Bank branch in your location.**

For further information of IHEPA, please visit [www.ihepa.in](http://www.ihepa.in) or write to [secretary.ihepa@gmail.com](mailto:secretary.ihepa@gmail.com).