

APPLICATION FORMAT FOR AWARD OF FELLOWSHIP OF UTTAR PRADESH DIABETES ASSOCIATION

- 1. Name in Full (Surnamefirst)
(in block letters)
- 2. UPDA membership No.
- 3. Date of Birth
- 4. Address
- 5. TelephoneNo.:
- 6. E-mail :
- 7. ProfessionalQualifications

S.no	Degree	Year	Subject	University/ Institute

- 8. Contribution toUPDA
 - 1.
 - 2.
 - 3.
 - 4.

- 9. Appointment held (starting with presentappointment)

S.no	Post/Position	Employing authority	Period

- 10. Research Experience / Field ofInterest

- 11. Publications/Research Project
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

12. Awards/Distinctions. (Regional / National /International)

S.no	TitleofAward	NameofOrganization	Year ofAward

13. Community HealthService/Social Service

14. Transaction Id / Bank Name/ Branch

Last date of Application – 31/03/2022

Soft copies of the application can be sent on the official Mail id or to secretary UPDA

1. saurabhsrivastava@gmail.com,
2. info@updiabetes.org

Hard copy may be sent to

Dr Saurabh Srivastava
Secretary UPDA
CR-402, Eldeco Green Meadows, Sector -Pi 1, Greater Noida (UP) 201310

Uttar Pradesh Diabetes Association

The Fellows/Members proposing and seconding the nomination for Fellowship of Uttar Pradesh Diabetes Association should highlight the professional/scientific achievements of the candidate and the contribution to UPDA from personal knowledge in 250 words.

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Proposer Signature

Secunder Signature

Proposer's name

Secunder's name

Membership No:

Membership No: