

**INDIAN PHARMACOLOGICAL SOCIETY**  
**Election Notification - Executive Committee - 2019 – 2021**

**Announcement for verification of members list**

I.	Post	No. of Post	Duration
1.	President	1	2019-2021
2.	Vice President	2	
3	General Secretary	1	2019-2022
4	Finance Secretary	1	
5	Secretary (International)	1	
6	Secretary (Clinical)	1	
7	E C Member (as specified)	6	
i	North Zone	1	2019-2021
ii	South Zone	1	
iii	East Zone	1	
iv	West Zone	1	
v	Lady Member	1	
vi	Overseas / International	1	

1. Please check your membership details on website [www.indianpharmacology.org](http://www.indianpharmacology.org) and provide the necessary information in the following format by 25<sup>th</sup> May, 2019.
2. The election date and receipt of nominations, withdrawal will be available on website from 25<sup>th</sup> June, 2019.
3. E-voting process will start from 30<sup>th</sup> June, 2019 to 30<sup>th</sup> July, 2019
4. Counting of ballots on 15<sup>th</sup> August, 2019 in the Executive Committee
5. Results will be declared to handover the charge to the next elected committee on 15<sup>th</sup> Augusts, 2019
6. Elections for all above positions will be conducted as per the by-laws.

Dr Bhagirath K. Patel , General Secretary – IPS & Election Officer -2019:

**Office No: 02692 272800, Mobile: 09426391015**

**E-mail : [ipsgeneralsecretary@gmail.com](mailto:ipsgeneralsecretary@gmail.com) , [bhagirath70@gmail.com](mailto:bhagirath70@gmail.com)**

**Election observers: Prof. Dr. R.K. Dikshit , Vice President & Dr. Trupti Swain, Vice President**

**Prof. / Dr. / Ms. /Mr. / Smt. / Sri.** (Please tick as per your choice)

**Name:** \_\_\_\_\_  
                    First                                    Middle                                    Surname

**Search Name:** \_\_\_\_\_ (Ex: Prof. Anil Kumar Bharatraj, - search name can be  
**Anil Kumar or Anil or Kumar)**

**Designation:** \_\_\_\_\_

**Membership No\*.** \_\_\_\_\_ (Please go through the website [www.indianpharmacology.org](http://www.indianpharmacology.org) to know the membership no.)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin** \_\_\_\_\_

**Phone (O)** \_\_\_\_\_ **(R)** \_\_\_\_\_ **(M)** \_\_\_\_\_

**Email:** \_\_\_\_\_

- |  |  |                                    |
|--|--|------------------------------------|
| • <b>Do you wish to receive the Journal?</b>               | <input type="checkbox"/> Yes             | <input type="checkbox"/> No        |
| • 'If yes' mark your preference                            | <input type="checkbox"/> Electronic copy | <input type="checkbox"/> Hard copy |
| • <b>Do you wish to get mobile alert for IPS activity?</b> | <input type="checkbox"/> Yes             | <input type="checkbox"/> No        |

**This is a mandatory requirement**