



Bhubaneswar, Orissa, India  
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Registration No.: 21746/ 180

### MEMBERSHIP APPLICATION FORM

Coordinator  Resource Person  Volunteer  Consultant  Patron

Name:

Male /Female:

Date of Birth:

Nationality:

Present Address:

Contact Number: +

(with country & city codes)

Email:

Work Address (if employed):

Educational Qualification:

Experience in community work/volunteering: 0- 1year  1-5years  5-10 years  >10 years

Work Interest: Field Work/ IEC materials design / Clinical & Laboratory Research / Project management

Skills and Achievements:

Signature

*Please send the completed form along with your CV and photo at [info@saihp.org.in](mailto:info@saihp.org.in) or send by post to*

**Dr S. Pati**

**Program Director, SAIHP**

**Post Box 8, GPO**

**Bhubaneswar-751001, Orissa, India**