**Indian Society of Hematology and Blood Transfusion**

**Society Reg. No.: F7820**

**Head Office: South City Business Park**,

Unit - 506, 5th Floor, 770, Eastern Metropolitan, Bypass Road, Near

Fortis Hospital, Anandapur, Adarsha Nagar, Kolkata, West Bengal 700107

E-Mail: ishbtmail@gmail.com Website: www.ishbtish.com

**Nomination Form**

**Dr. J. G. Parekh Oration | Dr. Malti Sathe Oration | Dr. J. B. Chatterjea Oration**

(For ISHBT Annual Conference 2025 - Haematocon 2025)

(To reach the Head office of the ISHBT by 31st August, 2025)

(Please read the eligibility criteria (see below) before applying)

\* Name of the Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\* State: \_\_\_\_\_\_\_\_\_\_\_ PIN Code: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

\* Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Personal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Residential) \* E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Membership Number & Year: L-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Proposer should nominate the nominee:

(Not more than 500 words, a separate page can be attached)

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Enclose complete **up-to-date C.V.** of the nominee: In **Triplicate (3) hard copy** and a **pen drive**

**Following headings must be included in the C.V.:**

* Professional Qualifications / Positions held
* Contribution to ISHBT
* Research contribution
* Publications. (Only indexed publications list can be enclosed)

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\* Name of the Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

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

\* Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Membership Number & Year: L-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Signature the Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of the Seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Number & Year: L-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature the Seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Instructions: Nominate for one only (Encircle only one on the headline clearly).**

**Eligibility Criteria:**

* Minimum 15 years after post-graduation experience.
* Should be a member of the society for at least 10 years.
* Should have significantly contributed to the society inform of Scientific or organizational work.

**Note:**

* Send the hard copy to the Secretary on this address –

**Prof. (Dr.) Tuphan Kanti Dolai**

**Honorary Secretary, ISHBT**

**Head Office: South City Business Park,**

Unit - 506, 5th Floor, 770, Eastern Metropolitan, Bypass Road, Near Fortis Hospital, Anandapur, Adarsha Nagar, Kolkata, West Bengal 700107

* For sending soft copy, email the form to ishbtmail@gmail.com

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**Consent of the Nominee**

I hereby declare that the information furnished above is true to the best of my knowledge and enclosed all the necessary documents for eligibility of the selected oration.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: (Signature of the Nominee)