



INDIAN PUBLIC HEALTH ASSOCIATION (IPHA)

(Registered under Society Act, No. S/2809 of 1957-58)

MAHARASHTRA STATE BRANCH

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ENTRY FORM*: "IPHA Maharashtra Inter Medical College Public Health Quiz Competition:2023"

Date: _____

Name of Medical College: _____

Place: _____ District: _____ Zone: _____

Name of Student 1: _____ Mobile: _____

Name of Student 2: _____ Mobile: _____

Name of Mentor (Teacher): _____ Mobile: _____

Sign & Seal of Professor & Head, Community Medicine

Sign & Seal of Dean / Principal Medical College

* WhatsApp the photo of this entry form to your zonal coordinator and additionally to 8208489133