Date:

To
The Secretary,
achowdhry@jmi.ac.in, secretary.inpafo@gmail.com
Indo-Pacific Academy of Forensic Odontology (INPAFO)

Subject: Nomination of _____ for Honorary Fellowship of INPAFO

I,

Dr./Mr. _____ (Membership#: _____)

Seconded by

Dr./Mr. _____ (Membership#: _____)

Nominate
Dr./Mr. _____ (Membership#: _____)

For the Honorary Fellowship (Hon. Fell. INPAFO) as a prestigious recognition for his/her distinguished contributions to the field of forensic odontology.
The above nominated member fulfils all the criteria's mentioned:

- Should have good conduct as a member and professionally
- Membership for than 6 years on the day of application
- Should be approved by EC (unanimously or by voting)
- Not more than 1 member per year will be given Hon. Fell. INPAFO. If more than 1
- application or nomination for Hon. Fell. INPAFO then selection of 1 by EC (unanimously or by voting)
- Age >50 years as on the day of application.
- · Publications in Forensic Odontology / allied branches: >8 with Publications in INPAFO Journal: >3
- INPAFO EC: minimum 1 term
- Attended/Presented at the conference of INPAFO: >3 times.
- Organised minimum one conference in any capacity

Thank you.
Yours sincerely,

NOMINATED BY
Name:

Signature
Date

SECONDED BY
Name:

Signature
Date: