



HEALTH & FAMILY WELFARE DEPARTMENT H.P. SPORTS & CULTURAL CLUB/ SOCIETY

BLOCK NO. 4-D, SDA COMPLEX, KASUMPTI, SHIMLA-9
(Regd. Under Himachal Pradesh Societies Registration Act, 2006
(Act No.25 of 2006))

Regd. - HPCU-15213



Chief Patron
Administrative
Secretary (Health)

President
Director Health
Services, H.P.
☎ 0177-2621424

Vice President
Director Dental Health
Services, H.P.
☎ 0177-2621884

General Secretary
Deputy Director (Legal)
Directorate of Health Services, H.P.
☎ 0177-2620317

Treasurer
Sr. Assistant
Directorate of Health Services, H.P.
☎ 0177-2620252

Ref. No. HFWSCC/S... 1-51

To

Dated 20/10/2023

Via Medical Superintendent
I.G. Hospital Shimla

By No. 13153
29/10/23

HEALTH & FAMILY WELFARE DEPARTMENT SPORTS & CULTURAL CLUB/SOCIETY
20 OCT 2023
Dispatch No. 33

1. The Mission Director, National Health Mission, Shimla-9.
2. The Director Medical Education and Research, Himachal Pradesh, Shimla-9.
3. The Director, Health Safety and Regulations Himachal Pradesh, Shimla-2.
4. The Project Director, HPSACS, Khalini Shimla.
5. All the Chief Medical Officers, Health & Family Welfare Department, HP.
6. All the Medical Superintendents, I.G.M.C Health & Family Welfare Department, HP.
7. All the Principals, Government Medical Colleges/Training Centers Himachal Pradesh.
8. State Drugs Controller, Baddi, District Solan, HP.
9. State Nodal Officer, Himachal Pradesh Swasthya Bima Yojna Society, Kasumpti, Shimla-9.

Subject:-

Regarding revised Bye Laws of HEALTH AND FAMILY WELFARE DEPARTMENT, HP SPORTS AND CULTURAL CLUB/SOCIETY-Membership Enrolment thereof.

Gen. Secy

Sir/Madam,

It is a matter of great pleasure for all the Officers/Officials working in the Health and Family Welfare Department as well as other concerned Departments under the administrative control of the Secretary (Health) that **HEALTH & FAMILY WELFARE DEPARTMENT HP SPORTS & CULTURAL CLUB/SOCIETY**, has been formed and further got registered under the Himachal Pradesh Societies Registration Act, 2006 (Act No. 25 of 2006) on 30th day of August, 2023. The copy of revised Bye Laws/Constitution of the Club/Society alongwith the list of present Office Bearers, is enclosed herewith for information of all concerned. All the Heads of the Departments i.e. Mission Director, NHM, HP, DHS&R, HP, DME&R, HP, PD, HPSACS, SDC Baddi, CMOs/MSs/Principals are the deemed Joint Secretaries of the Club/Society by virtue of their holding the respective post.

✉ hfwsportsclub@gmail.com
✉ dlrhealthdhs@gmail.com

☎ 0177 - 2620317
☎ 0177 - 2621424

Endst.No:HFW(MS)Sports(B-31)1/23-

13/62

Dated Shimla-1, the

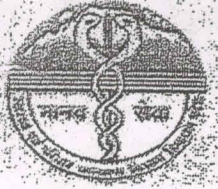
22/10/23

Copy by circulation to the following:-

1. All HODs in IGMC, Shimla.
2. The President, SAMDCOT/RDA/NGOs, IGMC, Shimla.
3. The Nursing Superintendent, IGMC&H-Shimla.
4. PA Section/RKS/Accounts/Establishment/General Section of this office.

Sh. Bhupesh Uniyal, Project Coordinator (IT Section) IGMC, Shimla with the direction to upload the same on IGMC website for wide publicity amongst all concerned staff members of IGMC, Shimla.

(Signature)
Medical Superintendent
I.G. Hospital, Shimla



HEALTH AND FAMILY WELFARE DEPARTMENT, HP
SPORTS & CULTURAL CLUB/SOCIETY
(MEMBERSHIP ENROLMENT FORM)

To

The General Secretary,
Health and Family Welfare Department, HP
Sports & Cultural Club/Society

Subject: Application for the Enrolment as member of Health and Family Welfare Department, HP Sports & Cultural Club/Society.

Sir/Madam,

Kindly enroll me as a member of the Health and Family Welfare Department, HP Sports & Cultural Club/Society.

I affirm and declare to abide, faithfully, by all the rules and regulations and conditions as per the Bye Laws and Constitution of the Club/Society and I shall maintain due dignity and decorum. My particulars are as under:-

Name: _____

Age _____

Designation and office _____

Contact No. _____

Email Id. _____

Membership Enrolment fee. _____

Rs. 500 + 100 = 600/-

Specimen Signatures _____

Date: _____

Signatures of Applicant

FOR OFFICE USE ONLY

Admitted or Rejected

In case of admission: -

(i) Amount received _____ (Receipt No.) _____, dated _____

(ii) Membership enrolment No. _____, dated _____

(iii) Date of Disqualification, if any _____

GENERAL SECRETARY