

International 'We Serve' Foundation, Inc.

Conflict of Interest - Disclosure Form

Address:
895 Edgewater Drive
Lexington, KY 40502, USA

Formed: Apr. 2011

Status: Non-Profit

Tax ID: 45-173 3688

Board of Directors:

Chair:
Dr. Nirmala Desai, MD
Lexington, KY
Ph: 859-266 3625

Director:
Dr. Sibua Saha, MD
Lexington, KY
Ph: 859-268 4496

Director:
Dr. D. Sudharshan, Ph D
Nicholasville, KY
Ph: 859-219 1625

Director:
Dr. N. Venguswamy, MD
Georgetown, KY
Ph: 502-863 6526

Ex-officio:
Dr. M. S. Viji, MD
President
Lexington, KY
Ph: 859-268 2112

Advisory Councils:

Pediatric Advisory Council
Chair:
Dr. Vipul Mankad, MD
Houston, TX

Women's Advisory Council
Chair:
Mrs. Nalini Sudharshan
Nicholasville, KY

Veterans Advisory Council
Chair:
Mr. Paul Johnston, CPA
Lexington, KY

Major Missions:

IGNITING MINDS

EMPOWERING BILLIONS

Name: _____ Date: _____

Title / Position (employee / volunteer / trustee): _____

Please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own) (Enclose additional sheet – if needed):

1. _____

2. _____

3. _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between the **International 'We Serve' Foundation, Inc.** and your personal interests, financial or otherwise (Enclose additional sheet – if needed):

_____ I have no conflict of interest to report

_____ I have the following conflict(s) of interest to report:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of the **International 'We Serve' Foundation, Inc.**

Signature: _____ Date: _____

Address: _____ Cell: _____

_____ Ph: _____

City: _____ State: _____ Zip + 4: _____

Email: _____