



INDIAN PSYCHIATRIC SOCIETY
AP STATE BRANCH 2024-25
Nomination Form

Nomination for the post of Vice President / President Elect (2024)

Name of the Candidate:

IPS Membership No.:

IPS AP Membership No.:

Year of becoming Fellow of IPS:

Post and Year of serving IPSAP/IPSSZ/IPS:

Proposed By

Name:

IPS Membership No.:

IPS AP Membership No.:

Signature:

Seconded By

Name:

IPS Membership No.:

IPS AP Membership No.:

Signature:

Declaration by Candidate

I solemnly affirm that I will uphold the aims and objectives of the Indian Psychiatric Society Andhra Pradesh State Branch, to the best of my ability and agree to abide by its constitution and byelaws, which come to force from time to time.

Date:

Signature of the Candidate

Place:

Name: