



INDIAN PSYCHIATRIC SOCIETY

AP STATE BRANCH 2026

Nomination Form

Nomination for the post of. -----

Name of the Candidate:

IPS Membership No.:

IPSAP Membership No.:

Year of becoming Fellow of IPS:

Name of the Post held & Period (IPSAP):

Proposed By

Name:

IPS Membership No.:

IPSAP Membership No.:

Signature:

Seconded By

Name:

IPS Membership No.:

IPSAP 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 bylaws, which come to force from time to time.

Date:

Signature of the Candidate

Place:

Name: