INDIAN PSYCHIATRIC SOCIETY - SOUTH ZONAL BRANCH

NOMINATION FORM

NOMINATION FOR THE POST OF ________________________________

I, Dr. ____________________________ (IPS LF No.: _________), hereby consent to my candidature for the post of _______________________________ of IPSSZB for the years 2019-2020/2019-2021 as per the tenures of the posts in the constitution.

Signature of the Candidate ____________________________ Date/Place

1. PROPOSED BY

I, Dr. ____________________________ (IPS LF No.: _________), hereby propose the name of Dr. ____________________________ (IPS LF No.: _________), for the post of _______________________________ of IPSSZB for the year 2019-2020/2019-2021 as per the tenures of the posts in the constitution.

Signature of the proposer ____________________________ Date/Place

2. SECONDED BY

I, Dr. ____________________________ (IPS LF No.: _________), hereby propose the name of Dr. ____________________________ (IPS LF No.: _________), for the post of _______________________________ of IPSSZB for the year 2019-2020/2019-2021 as per the tenures of the posts in the constitution.

Signature of the proposer ____________________________ Date/Place

DECLARATION

I, Dr. ____________________________ (IPS LF No.: _________), affirm that I shall abide by the constitution of IPSSZB for the years 2019-2021.

Signature of the Candidate ____________________________ Date/Place