



**ELECTION COMMISSION
INDIAN PSYCHIATRIC SOCIETY – SOUTH ZONAL BRANCH**

(Website: ipsszb.org)

E-mail: ipsszbelections@gmail.com

NOMINATION FORM 2024

NOMINATION FOR THE POST OF

PROPOSED BY

I, Dr. _____ (LF No. _____), hereby propose the name of
Dr. _____ (LF No. -----) for the post of _____
_____ of IPS SZB for the year as per the tenure of the posts in the Election
Notification.

Signature of the proposer

Date/Place

SECONDED BY

I, Dr. _____ (LF No. _____), hereby second the name of
Dr. _____ (LF No. _____) for the post of _____
_____ of IPSSZB for the year as per the tenure of the
posts in the Election Notification.

Signature of the Seconder

Date/Place

CONSENT by the Candidate

I, Dr. _____ (LF No. : _____), hereby
consent to my candidature for the post of _____ of IPSSZB
for the year as per the tenure of the posts in the Election Notification.

Signature of the Candidate

Date & Place

DECLARATION

I, Dr. _____ (LF No. _____), affirm that I shall
abide by the constitution of IPSSZB. I also declare that I fulfil the eligibility criteria as specified in the
Election Notification and Constitution of IPS SZB.

Signature of the Candidate

Date/Place