



**INDIAN PSYCHIATRIC SOCIETY
TELANGANA STATE BRANCH
NOMINATION PAPER**

NOMINATION FOR THE POST OF:

NAME OF THE CANDIDATE: & IPS Membership No:

PROPOSED BY NAME: & IPS Membership No:

PROPOSED BY SIGNATURE:

SECONDED BY NAME: & Membership No:

SECONDED BY SIGNATURE:

DECLARATION

I solemnly affirm that I have read and will uphold the aims and objectives of the Indian Psychiatric Society – Telangana 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:

APPLICANTS SIGNATURE

PLACE:

NAME: