**Indian Association for Social Psychiatry Nomination Form JSPN-2023**

Dear Members

We invite applications from young psychiatrists, who are member of Indian Association for Social Psychiatry, for the **Japanese Society of Psychiatry and Neurology (JSPN) Fellowship Award-2023**.

Young psychiatrist for the purpose of this award should:

1. Be psychiatrists younger than 40 years of age or with 10 years or less experience in psychiatry

2. Not be previous recipients of the JSPN Fellowship Award.

Please send application and your CV **by 31st August 2022** to the IASP secretariat though the dedicated web portal here: <http://iasp.org.in/awards/jspn-fellowship/> . Further details are also available at the IASP website at <http://iasp.org.in/> . Any application received after that will not be considered for the nomination for the JSPN fellowship.

For details, please visit the English website of the JSPN. <https://www.jspn.or.jp/modules/english/index.php?content_id=86>

Applicants must submit through On-Line Registration System for the 119th Annual Meeting of the Japanese Society of Psychiatry and Neurology. Application Deadline: September 25th, 2022 (Japan time)

Fellowship Award for the 119th Annual Meeting of the Japanese Society of Psychiatry and Neurology

JSPN accepts nominations from each society to a maximum of two applicants. More than two nominations will not be considered valid.

|  |  |  |
| --- | --- | --- |
| 1 | Applicant name |  |
| 2 | Country | India |
| 3 | Nominator name |  |
| 4 | E-mail\* After your application is registered, JSPN will contact the nominator. |  |
| 5 | WPA member society whichthe nominator belong | Indian Association for Social Psychiatry |
| 6 | Date of nomination |  |
| 7 | Reason for nomination |

|  |
| --- |
| Please be advised that the nominator must fill the reason for nomination.  |

 |
| 8 | Signature\* Signature may be written or pasted as electric signature in this form, or sent separately as pdf, bmp or jpg files. |  |

**Name of the Applicant:** ………………………………………………………………………………………………….

**Age:** ……………………………………………………….. **Date of Birth:** ……………………………………………..

**Affiliation:** …………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………..

**Email:** ………………………………………………………. **Mobile:** ………………………………………………………

**IASP Membership Number:** …………………………………………………………………………………………...

**Curriculum Vitae: (Paste here, take as much space as needed)**