

NOMINATION FORM-IASP 2024

(Please read the relevant sections of Constitution of Indian Association for Social Psychiatry mentioned in the Website before filling the nomination form)

Name of the Post (in CAPITAL LETTERS)

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Name of the fellow nominated (in CAPITAL LETTERS)

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IASP fellow number:

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Proposed by (name of the member, IASP membership number & Signature)

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Seconded by (name of the member, IASP membership number & Signature)

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Consent

I(Name) hereby give my consent to be nominated for the post of (name of the post)

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(Name & Signature with date)