



Indian Psychiatric Society
Western Zonal Branch



(BY SPEED POST/ COURIER or EMAIL)

ANNEXURE 'B':

**NOMINATION FORM FOR THE ELECTION OF EXECUTIVE COMMITTEE
OF IPS-WZB, FOR THE YEAR 2024-2025**

To
Dr. Dhananjay Ashturkar
(Election officer, Hon. Zonal Secretary, IPS-WZB)
**Aastha Hospital, near Lokmanya Hospital, Santosh Nagar,
Behind Chinchwad Station, Chinchwad, Pune - 411033**
Ph. No.: 9890120640
[Email: ipswzbsecretaryoffice@gmail.com](mailto:ipswzbsecretaryoffice@gmail.com)

Dear Dr. Dhananjay Ashturkar,

We, the undersigned, Life Fellow Members of IPS-WZB hereby nominate

Dr.
.....

(Life Fellow Member of IPS) for the post of
.....

Proposed by:
Dr. _____
(Name) (Life Fellow No.) (Signature)

Seconded by:
Dr. _____
(Name) (Life Fellow No.) (Signature)

Consent of the Nominee:

I, Dr. _____

**(Life Fellow Member of IPS) hereby give my consent for my candidature for the
post of..... for the election of IPS-WZB, for
the year 2024-25.**

Dr. _____
(Name) (Life Fellow No.) (Signature)



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A Brief Bio-data for Nominee (Up to 100 Words) -