

## RECOMMENDATION LETTER

This application form should ideally be proposed and seconded by two Fellow of the Indian Association of Private Psychiatry. If for some reason this is not possible then the reason for this may be stated and the duly filled form may be sent to the IAPP Executive Council, which may then consider the application on merit. The decision of the Executive Council/National Advisory Board of the IAPP will be final and binding on all matters related membership.

### **Proposed By:**

Name:

Signature:

Date:

### **Seconded By:**

Name:

Signature:

Date: