

To,
The Secretary
Indian Association of Private Psychiatry

Subject: Application for IAPP Student Membership

Dear Sir,

This is to certify that Dr. _____ is a bona fide first year Post Graduate student in the department of Psychiatry in _____ at _____.

Hereby, requesting you to kindly consider their application & avail IAPP student membership.

Yours Sincerely,

HOD Sign & Stamp:

HOD Name:

Date: