



INDIAN PSYCHIATRIC SOCIETY

IPS Registration No. 1420/2000 (Chennai) Society Registration No. 57/1948 (Patna)
Headquarters: PLOT 43, SECTOR 55, GURGAON, HARYANA 122 003, INDIA
www.indianpsychiatricsociety.org, www.indianjpsychiatry.org

Photo of
Applicant

MEMBERSHIP APPLICATION FORM (To be filled in Block Letters)

CITY: _____ STATE: _____ IPS ZONE: _____

FIRST NAME : _____

MIDDLE NAME : _____

LAST NAME/SURNAME: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS: _____

_____ Pin Code: _____

CONTACT NO. : MOBILE: _____ LANDLINE: _____

E-MAIL ID : _____

DATE OF BIRTH: _____ SEX : _____ BLOOD GROUP : _____

QUALIFICATION	Degree/Diploma	University/Institute/College	Month & Year	MCI State	MCI Reg. No. & Date
	MBBS				
	DPM				
	MD (Psy.)				
	DNB (Psy.)				
	Others				

APPLIED FOR: **LIFE FELLOW / LIFE ORDINARY MEMBER / LIFE ASSOCIATE MEMBER**

For existing member please mention your IPS membership number: _____

PROPOSER :

LF Name: _____ LF No. : _____ Signature: _____

SECONDER :

LF Name: _____ LF No. : _____ Signature: _____

CHQ/DD/NEFT, UTR: NO. _____ DATE : _____ Rs.: _____

BANK & BRANCH _____

I do hereby declare that the above information is true and I have not withheld any information whatsoever regarding the application. I solemnly affirm that I will uphold the aims and objects of the **INDIAN PSYCHIATRIC SOCIETY** to the best of my ability and I agree to abide by the conditions laid down in the **CONSTITUTION & RULES AND BYE-LAWS of INDIAN PSYCHIATRIC SOCIETY**. I further agree to abide by the amendments, alterations, if any, which may come into force from time to time in the future also.

Applicant's Signature

=====

: FOR OFFICE USE :

Membership Date of Election : _____ Membership No. : _____

Membership Receipt No.: _____ Date: _____ Executive Council Date: _____

Bank Clearance Details : _____

President, IPS

Hon. Gen. Secretary, IPS

Hon. Treasurer, IPS



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MEMBERSHIP APPLICATION PAYMENT DETAILS

CATEGORY	SUBSCRIPTION AMOUNT
Life Fellow (LF)	Rs. 8200
Life Ordinary Member (LOM)	Rs. 5200
LOM to LF	Rs. 3200
Life Associate Member	Rs. 5200
Corporate Member (Annual)	Rs. 21000

Subscription amount includes application amount

Bank Details: - Name : **INDIAN PSYCHIATRIC SOCIETY**
- Bank : **BANK OF MAHARASHTRA**
- Branch : **ATHWA LINES, SURAT (983)**
- Account No. : **60246843603**
- IFSC Code : **MAHB0000983**

Notes : - Cheque/DD must be in favour of “**INDIAN PSYCHIATRIC SOCIETY**”.
- Please write your name and Mobile Number on the reverse of the Cheque/DD.

If any change in mailing address do inform the Hon. Treasurer, Hon. General Secretary and Hon. Editor

Enclosures: - Please attach TWO recent 2.5 cms width x 3.0 cms height photos. (with white background)
- Attested Photo copy of M.B.B.S. Degree and Registration Certificate
- Attested Photo copy of Post Graduate Psychiatric Qualification Degree and Reg. Certificate.
- Attested Photo copy of Birth Date Certificate.
- If change in the name then attested photo copy of Gazette Certificate.

ADDITIONAL INFORMATION: Honors, Awards, Distinctions and Others (Please use additional sheet)

Membership Application Form along with enclosures & the payment should be sent to: -

Dr. Mukesh P. Jagiwala

Hon. Treasurer, IPS

101, 'Shriji Nivas', A to Z Building, Opp. Dhiraj Sons, Mansukh Tower Lane, ATHWA GATE,
SURAT – 395 001, GUJARAT, INDIA

M. 98795-21795, E-mail: treasureripsmpj1618@gmail.com, mukeshjagiwala@yahoo.co.in