



# INDIAN PSYCHIATRIC SOCIETY

Estd.: 1947 • Society Reg. No.: 59/1948 (Patna) • IPS Registration No.: 1420/2000 (Chennai)  
Headquarters: Plot 43, Sector 55, Opp. Huda Water Supply (U.G.) Bldg., Gurgaon-122003  
Haryana, India - Ph.: 0124-4006150-750 - E-mail : ipssecretaryoffice@gmail.com  
www.indianpsychiatricsociety.org, www.indianjpsychiatry.org

Applicant's  
Photo

## MEMBERSHIP APPLICATION FORM

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

(Please fill in Block Letters with Black Ink)

Specimen Signature with  
Black Ink Compulsory

If former Member, than mention the membership number : \_\_\_\_\_

CITY: \_\_\_\_\_ STATE : \_\_\_\_\_ IPS ZONE: \_\_\_\_\_

FIRST NAME : \_\_\_\_\_

MIDDLE NAME : \_\_\_\_\_

LAST NAME/SURNAME: \_\_\_\_\_

FATHER'S NAME : \_\_\_\_\_ MOTHER'S NAME : \_\_\_\_\_

PERMANENT ADDRESS : \_\_\_\_\_

City : \_\_\_\_\_ Pin Code : \_\_\_\_\_ State : \_\_\_\_\_

CONTACT NO. : MOBILE : \_\_\_\_\_ LAND LINE : \_\_\_\_\_

E-MAIL ID : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_ GENDER : \_\_\_\_\_ NATIONALITY : \_\_\_\_\_

QUALIFICATIONS : \_\_\_\_\_ BLOOD GROUP : \_\_\_\_\_

Degree/Diploma	University/Institute/College	Month & Year	MCI State	MCI Reg. No. & Date
MBBS with Internship Completion				
DPM				
MD (Psychiatry)				
DNB (Psychiatry)				
Others				

PROPOSER : LF Name : \_\_\_\_\_ LF No.: \_\_\_\_\_

Mob : \_\_\_\_\_ E-mail : \_\_\_\_\_ Signature

SECONDER : LF Name : \_\_\_\_\_ LF No.: \_\_\_\_\_

Mob : \_\_\_\_\_ E-mail : \_\_\_\_\_ Signature

CHQ/DD/NEFT - UTR : NO. \_\_\_\_\_ DATE : \_\_\_\_\_ Rs. \_\_\_\_\_

BANK & BRANCH : \_\_\_\_\_

I declare that the above information is true. I have not withheld any information whatsoever regarding the application. I agree to abide by the **MEMORANDUM OF ASSOCIATION AND RULES & REGULATIONS INCLUDING 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.

July-2019

Applicant's Signature

### : FOR OFFICE USE :

Membership Receipt No. : \_\_\_\_\_ Date : \_\_\_\_\_ Form Received on : \_\_\_\_\_

Bank Clearance Details : \_\_\_\_\_ Courier / Postal Date : \_\_\_\_\_

Membership No. : \_\_\_\_\_ Membership Date of Election : \_\_\_\_\_

President, IPS

Hon. Gen. Secretary, IPS

Hon. Treasurer, IPS

(P.T.O.)

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## MEMBERSHIP APPLICATION PAYMENT DETAILS

CATEGORY	SUBSCRIPTION AMOUNT
Life Fellow (LF)	<b>Rs. 17,000</b>
Life Ordinary Member (LOM)	<b>Rs. 11,000</b>
LOM to LF	<b>Rs. 6,000</b>
Life Associate Member (LAM)	<b>Rs. 11,000</b>
Corporate Member (Annual) (January to December)	<b>Rs. 51,000</b>

**Eligibility Criteria** : Any MBBS can enroll as Life Ordinary Member.  
: Five (05) years after obtaining 1st Psychiatric Qualification can enroll as Life Fellow.  
: Any person working in the allied fields of Psychological, Medical Science, Social, Educational, Legal and Interested in the Aims & Objects of **Indian Psychiatric Society** can enroll as Life Associate Member.

**Bank Details** : - Name : **INDIAN PSYCHIATRIC SOCIETY**  
- Bank : **BANK OF MAHARASHTRA**  
- Branch : **ATHWA LINES, SURAT (00983) GUJARAT**  
- Savings Account No. : **60246843603**  
- IFSC Code : **MAHB0000983**

**Notes** : - Cheque / DD / NEFT - UTR 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, Hon. Editor & HQs.*

**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 / Affidavit.  
- Attestation must be by either Gazette Officer or Proposer or Secunder.  
- Compulsory Send : NEFT / RTGS / Mobile Transfer / Payment Proof along with Hard Copy of Membership Application Form & Documents.

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

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

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**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 : mukeshjagiwala@yahoo.co.in

(P.T.O.)