



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.

Date & Place _____

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

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MEMBERSHIP APPLICATION PAYMENT DETAILS

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

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 and Interested in the Aims & Objects of Indian Psychiatric Society can enroll as Life Associate Member.

Bank Details:

Name : **INDIAN PSYCHIATRIC SOCIETY**
Bank : **INDIAN BANK**
Branch : **SECTOR 55 GURGAON (2254) SCO NO 97, HUDA MARKET**
Account No. : **6558880269**
IFSC No. : **IDIB000S209**

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 (payable at Gurugram)

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

Enclosures:

- Attested Photo Copy of Aadhar Card (or any Govt. approved ID Card)
- 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 not mentioned in your Govt. ID attached)
- If change in the name then attested photo copy of Gazette Certificate / Affidavit
- Attestation must be by either Gazette Officer or Proposer or Secondor
- Compulsory to 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:

Dr. M. Aleem Siddiqui

Hon. Treasurer, IPS

C-827, Indira Nagar, (Near H.A.L. Main gate),

Lucknow-226016, U.P., India.

Mobile: +91 7607358897

Email: docaleem@gmail.com, ipstreasuresur2022@gmail.com