



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

UNIFIED MEMBERSHIP APPLICATION FORM APPLIED FOR : LIFE FELLOW / LIFE ORDINARY MEMBER

(Please fill in Block Letters with Black Ink)

Specimen Signature with
Black Ink Compulsory

If former LOM, then mention the LOM 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 : _____ ALTERNATE NO. : _____

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 _____

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 time to time in the future also. I have not been convicted by law in any criminal case.

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

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

MEMBERSHIP APPLICATION PAYMENT DETAILS

CATEGORY	SUBSCRIPTION AMOUNT
Life Fellow (LF)	Rs. 21,000/-
Life Ordinary Member (LOM)	Rs. 21,000/-
LOM to LF (If already a state and zonal member)	Rs. 6,000/-
LOM to LF (New)	Rs. 10,000/

Eligibility Criteria: : Those pursuing Post Graduation in Psychiatry and those with less than Five (05) years experience after obtaining Psychiatric Qualification can apply for Life Ordinary Member.
: Five (05) years after obtaining 1st Psychiatric Qualification can enroll as Life Fellow.

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: NEFT-UTR must be in favour of "INDIAN PSYCHIATRIC SOCIETY"

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

Enclosures:

- Photo Copy of Aadhar Card (or any Govt. approved ID Card)
- Please attach recent 2.5 cms width x 3.0 cms height photos. (with white background)
- Photo copy of M.B.B.S. Degree and Registration Certificate.
- Photo copy of Post Graduate Psychiatric Qualification Degree and Reg. Certificate
- 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
- Compulsory to Send: NEFT / RTGS / Mobile Transfer / Payment Proof

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

Online Membership Application Form along with attachments & the payment can be sent to:

Dr. Laxmi Naresh Vadlamani

Hon. Treasurer, IPS

Mobile: +91 9348039580

Email: ipstreasureroffice@gmail.com