



# 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 (underground) Building,  
Gurgaon - 122003 Haryana, India

www.indianpsychiatricsociety.org, www.indianjpsychiatry.org

Applicant's  
Photo

## MEMBERSHIP APPLICATION FORM

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

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

(Please fill in Block Letters with Black Ink)

Specimen Signature with  
Black Ink Compulsory

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

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

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

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

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

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

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

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

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

DATE OF BIRTH : \_\_\_\_\_ SEX : \_\_\_\_\_ BLOOD GROUP : \_\_\_\_\_

QUALIFICATIONS :

Degree/Diploma	University/Institute/College	Month & Year	MCI State	MCI Reg. No. & Date
MBBS				
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-2018

Applicant's Signature

### : FOR OFFICE USE :

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

Membership Receipt No. : \_\_\_\_\_ Date : \_\_\_\_\_

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

\_\_\_\_\_  
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. 10,500</b>
Life Ordinary Member (LOM)	<b>Rs. 6,500</b>
LOM to LF	<b>Rs. 4,000</b>
Life Associate Member (LAM)	<b>Rs. 6,500</b>
Corporate Member (Annual)	<b>Rs. 27,000</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 Attach : NEFT / RTGS / Mobile Transfer / Payment Proof

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

Membership Application Form along with enclosures & the payment must 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 : mukeshjagiwala@yahoo.co.in

(P.T.O.)