



INDIAN PSYCHIATRIC SOCIETY

ANDHRA PRADESH STATE BRANCH

PHOTO

LIFE REGULAR/LIFE ASSOCIATE MEMBERSHIP APPLICATION FORM

1. Full Name in Block Letters
2. Father / Husband Name
3. Date of Birth : E-mail:
4. Address for Communication
.....PIN CODE
5. Mobile : PrimarySecondary (if any)
(Any communication will be sent to Primary Number)
6. Permanent Address
.....PIN CODE
7. Qualification : Year University
8. Present Designation Name of the Institute
9. National IPS Membership No. Year of becoming Member
10. Membership Category applied for Life Regular Member Life Associate Member
11. Fees Rs. Rupees in words
D.D. No. Date Name of the Bank Branch
12. Have you applied for membership in the past? Yes / No, If Yes give details:

DECLARATION

I solemnly affirm that I will uphold the aims and objectives of the IPS A.P. State Branch to the best of my ability and agree to abide by its constitution and bylaws which come in to force from time to time.

Date:

Applicant Signature

Proposed by Dr. IPS No. Signature

Seconded by Dr. IPS No. Signature

- NOTE : 1) Application Should be proposed and seconded by Life Regular Member of IPS A.P. State Branch
2) D.D. Should drawn in the name of IPS A.P. State Branch payable at Guntur.
3) Form has to be send to the Hon. Treasurer IPS A.P. State Branch along with enclosers.

- ENCLOSERS: 1) Demand Draft 2) Photos Two Copies
3) Copy of certificate of highest qualification in Psychiatric / affiled subjects.
4) Copy of Medical Council Registration Certificate.
5) Copy of IPS Membership Certificate.

FEES PARTICULARS

LIFE REGULAR MEMBERSHIP Rs. 2,000/-
LIFE ASSOCIATE MEMBERSHIP Rs. 5,000/-
(for Non-Psychiatric Members)

ADDRESS OF HON. TREASURER
Dr. KISHORE KUMAR ROKKAM MD(Psychiatry)
Aswini Diagnostics
Beside RK Colour Lab, Srinivas Nagar, Nandyal
Kurnool (Dist)-518501
Mob.8309890458,9441688708
e-mail: kishorendl@gmail.com

FOR OFFICE USE

REMARKS OF HONORARY TREASURER:

(Whether Membership fees is appropriate and has been entered into the accounts of IPS A.P. State Branch)

Receipt No. Date

Date:

Signature of Honorary Treasurer

REMARKS OF HONORARY SECRETARY:

(Whether certificates submitted are appropriate, whether applicant is a Life Regular Member of IPS (National) and whether persons proposing and seconding are members of IPS A.P. State Branch)

Date

Signature of Honorary Secretary

REMARKS OF THE PRESIDENT

Date:

Signature of President / Presiding Officer of E.C. Meeting

NOTE:

Secretary to enter the particulars in the Membership Register & Membership No.....

Secretary to send letter to the Applicant about membership status along with a booklet of Bylaws of society

Sent on Date:

Secretary to send mailing address to Editor: sent on date :