

INDIAN PSYCHIATRIC SOCIETY

ANDHRA PRADESH STATE BRANCH

РНОТО

PG MEMBERSHIP APPLICATION FORM

1.F	ull Name in Block Letters			
2.F	ather / Husband Name			
3. D	ate of Birth			
4. A	ddress for Communication			
			PIN CODE	
5.	Mobile No	: Primary:(Any communication will be		
6.	E-mail			
7.	Permanent Address			
			PIN CODE	:
8.	PG	: MD/DNB/DPM	Year of Admissio	n
9.	Name of the Institute		Plac	ce
1.	National IPS Membership No)	Year of becoming Membe	r
12.	Fees Rs.	Rupees in words		
		Date Name of the		
10				
13.	Have you applied for membe	rship in the past? Yes / No, If Yes g	ive details:	
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	•	ch come in to force from time to time		t or my ability and agree to abide
Dat	re:			Applicant Signature
Pro	posed by Dr	IPS No	Signature	-
Sec	conded by Dr	IPS No	Signature .	
NO.	TE : 1) Application Shou	ld be proposed and seconded by Life	Regular Member of IPS A.I	P. State Branch
	•	wn in the name of IPS A.P. State Bran	· ·	
	·	send to the Hon. Treasurer IPS A.P. S	tate Branch along with enclo	osers.
FING	CLOSERS: 1) Demand Draft 2) 3) Letter from HOD	of Psychiatry apprising that applicant	is PG	
	·	Council Registration Certificate.	- -	
	5) Copy of IPS Men	mbership Certificate.		
			Address of	Hon Treasurer:

PG MEMBERSHIP Rs. 2,000/-

Note: Upon completion of PG, PG member becomes Life Ordinary Member without extra fee after submission of COPY of PG Degree certificate

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:				
	e, whether applicant is a Life Ordinary 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			
Date.				
NOTE:				
	ership Register & Membership No			
	t membership status along with a booklet of Bylaws of society			
Sent on Date:				
Secretary to send mailing address to Editor: so	ent on date:			