

Indian Psychiatric Society, Assam State Branch

Registration of Awareness Activity/ Camp

Awareness Activity / Camp conducted by:

Date: Venue:

Under Banner of/ Association with:

Total no. participants / patient attended:

Remarks:

.....

.....

.....

.....

.....

[Photograph of the camp (max 4) should be attached]

Signature of the coordinator

.....

N.B: Kindly mail this form to: ipsasb18@gmail.com