



# INDIAN PSYCHIATRIC SOCIETY

(ESTD.: 1947)

IPS Registration No. 1420/2000 (Chennai) Society Registration No. 57/1948 (Patna)  
Headquarters: PLOT 43, SECTOR 55, GURGAON, HARYANA 122 003, INDIA  
[www.ips-online.org](http://www.ips-online.org), [www.indianjpsychiatry.org](http://www.indianjpsychiatry.org), [www.e-ipsdir.org](http://www.e-ipsdir.org)

**MEMBERSHIP APPLICATION FORM (To be filled in Block Letters)**

Applicant's  
Photo

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

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

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

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

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

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

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

CONTACT NO. : MB: \_\_\_\_\_ LANDLINE : \_\_\_\_\_

QUALIFICATIONS	Degree	University/Institute/College	Month & Year	MCI State	MCI Reg. No. & Dt.
	MBBS				
	DPM				
	MD(Psy)				
	DNB (Psy)				
	Others				

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

\_\_\_\_\_ PIN CODE : \_\_\_\_\_

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

APPLIED FOR : Life Fellow/ Life Ordinary Member/Life Associate Member/Overseas Member

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

PROPOSER : Name : \_\_\_\_\_

LF No. : \_\_\_\_\_ Signature \_\_\_\_\_

SECONDER : Name : \_\_\_\_\_

LF No.: \_\_\_\_\_ Signature \_\_\_\_\_

CHQ/DD/NEFT, UTR : No. \_\_\_\_\_ Date : \_\_\_\_\_ Rs. \_\_\_\_\_

BANK & BRANCH : \_\_\_\_\_

I do hereby declare that the above information is true and I have not withheld any information whatsoever regarding the application. I solemnly affirm that I will uphold the aims and objects of the **INDIAN PSYCHIATRIC SOCIETY** to the best of my ability and I agree to abide by the conditions laid down in the **CONSTITUTION & RULES AND BYE-LAWS of INDIAN PSYCHIATRIC SOCIETY**. I further agree to abide by the amendments, alterations, which may come into force from time to time in the future.

\_\_\_\_\_  
Applicant's Signature

**: FOR OFFICE USE :**

Bank Clearance Details : \_\_\_\_\_

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

Date : \_\_\_\_\_

Membership Date of Election : \_\_\_\_\_

Membership No. : \_\_\_\_\_

Date of Executive Council : \_\_\_\_\_

\_\_\_\_\_  
President, IPS

\_\_\_\_\_  
Hon. Gen. Secretary, IPS

\_\_\_\_\_  
Hon. Treasurer, IPS

# INDIAN PSYCHIATRIC SOCIETY

## MEMBERSHIP APPLICATION PAYMENT DETAILS

CATEGORY	APPLICATION FEES		CATEGORY FEES		TOTAL	
	Indian (INR)	Overseas (USD)	Indian (INR)	Overseas (USD)	Indian (INR)	Overseas (USD)
Life Fellow	Rs. 200	\$ 100	Rs. 8000	\$ 1000	Rs. 8200	\$ 1100
Life Ordinary Member	Rs. 200	\$ 100	Rs. 5000	\$ 600	Rs. 5200	\$ 700
LOM to LF	Rs. 200	\$ 100	Rs. 3000	\$ 400	Rs. 3200	\$ 500
Life Associate Member	Rs. 200	\$ 100	Rs. 5000	\$ 600	Rs. 5200	\$ 700
Corporate Member (Annual)	Rs. 1000	\$ 100	Rs. 20000 / Annual	\$ 2500 / Annual	Rs. 21000 /	\$ 3000 /

**Bank Details :** - Name : INDIAN PSYCHIATRIC SOCIETY  
- Bank : BANK OF MAHARASHTRA  
- Branch : ATHWA LINES, SURAT (983), GUJARAT  
- Account No. : 60246843603  
- IFSC Code : MAHB0000983

**Notes :** - Cheque / DD / NEFT must be in favour of **“INDIAN PSYCHIATRIC SOCIETY”**.  
- Write your name and Mobile Number on the reverse of the Cheque / DD.  
- For any change in mailing address &/or contact details :  
Please Contact & Inform the Office of Hon. General Secretary, Hon. Treasurer, Hon. Editor  
& Head Quarters.

**Enclosures :** - Two recent Photo of 2.5 cms width x 3.0 cms height size **(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 Affidavit / Gazette Certificate.

### ADDITIONAL INFORMATION:

Honors, Awards, Distinctions, Hobbies & Others (Please use additional sheet, if required)

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Membership Application Form along with enclosures & 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 : [treasureripmpj1618@gmail.com](mailto:treasureripmpj1618@gmail.com), [mukeshjagiwala@yahoo.co.in](mailto:mukeshjagiwala@yahoo.co.in)