

INDIAN PSYCHIATRY SOCIETY

NORTH ZONE



1. Full name in block letter:

.....
..... 2.

Place & Date of Birth.....

3. Mailing Address.....

.....
.....

4. Permanent Address (if different from the above):

.....
.....
.....

5. Email id Contact No.....

Remarks by Gen Secretary
and Treasurer

Decision by the Council

President

Date of Election

6 Qualifications:

(Bachelor's degree and above):

Degree/ Diploma University

Month & Year

7. Professional training in your specialty:

Designation

Name of Institution

From

(Month & Year)

To

(Month & Year)

8. Appointment and further experience (List all appointments held since graduation and or completion of professional training in chronological order. Also mention here, full time private practice).

Designation

Name & Address

From

(Month & Year)

To

(Month & Year)

9. Additional information (List honours, distinctions, awards or any other important information):

.....

10. Proposed by

Seconded by

(Must be by a fellow of the Indian Psychiatric Society, North Zone)

Name in block letters

Name in block letters

Signature & Date

Signature & Date

11. Which category of membership are you applying for? LIFE FELLOW/LIFE ORDINARY MEMBER/LIFE ASSOCIATE MEMBER

I Solemnly affirm that :

1. I will uphold the aim and objectives of the Indian Psychiatric Society, North Zone to the best of my ability and agree to abide by its constitution and bye-laws which come to force time to time
 2. I am /applied for a member of Indian Psychiatric Society.
My Membership Number of IPS is
-

Date

Signature

Fee Details: Applicable (w.e.f 21-12-2014)

Life Fellow = Rs 5000/-

LAM / LOM = Rs 3000/-

Application form should be accompanied by a photocopy of all qualifications attested by either proposer or seconder. **DD should be made in favour of Indian Psychiatric Society –NZ, Payable at Chandigarh** and should be sent to

Dr. Ab Maajid

Hony. Treasurer, IPS-NZ

Department of Psychiatry

SKIMS Medical College (JVC Bemina)

Srinagar- 190017

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