

## INDIAN PSYCHIATRIC SOCIETY NORTH ZONE

## **MEMBERSHIP FORM**

1.	Full name in block letter :		
2. 3.	Place & Date of Birth :		Affix Photo
4.	Permanent Address ( if different fro	om the above):	
5.	Contact Number		
 6	Qualifications :		
	(Bachelor's degree and above):	Degree/ Diploma University	Month & Year
7.	Professional training in your spo	ecialty : From (Month & Year)	To (Month & Year)
7.			To (Month & Year)
	Designation, Name of Institution  Appointment and further experie		graduation and or completion
<b>7</b> .	Designation, Name of Institution  Appointment and further experie	From (Month & Year)  nce (List all appointments held since	graduation and or completion
	Appointment and further experie of professional training in chronolog Designation, Name & Address	From (Month & Year)  nce (List all appointments held since lical order. Also mention here, full time	graduation and or completion e private practice). To (Month & Year)

10.	Proposed by (Must be by a fellow of the Indian Psychiatric Society,									Seconded by ety, North Zone)																														
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	ability and agree to abide by its constitution and bye-laws which come to force time to t														tim	ıe.																								
	2. I am /applied for a member of Indian Psychiatric Society. My Membership Nu												um	าb	er	of	ΙP	S	is	:																				
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