



INDIAN ASSOCIATION FOR SOCIAL PSYCHIATRY

(New Member Application form)

Established in 1984 | Regn. No. 1178/84

(Type or write in BLOCK LETTERS. Read membership criteria at [www. http://www.iasp.org.in](http://www.iasp.org.in))

APPLICATION FOR ELECTION AS: Life-Fellow Life-Associate

NAME: DR/MR/MS _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____

PHOTOGRAPH

PRESENT DESIGNATION: _____

INSTITUTIONAL AFFILIATION: _____

COMPLETE ADDRESS FOR COMMUNICATION: _____

CITY: _____ STATE: _____ PIN: _____

TEL NO: _____ MOBILE: _____ E-MAIL: _____

PROFESSIONAL QUALIFICATIONS:

No.	Degree	University	Year obtained

Add as many rows as necessary. Start from MBBS or MA/MSc. Provide documentary evidence (self-attested) for the highest level of qualification.

PROFESSIONAL APPOINTMENTS HELD:

No.	Designation	Institution	Department	From To (Month & Year)

Add as many rows as necessary.



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NOMINATION PROPOSAL:

NAME OF THE APPLICANT: DR/MR/MS _____

PROPOSED BY	SECONDED BY
NAME*	NAME*
DESIGNATION	DESIGNATION
INSTITUTE	INSTITUTE
E-MAIL	E-MAIL
IASP MEMBERSHIP NUMBER	IASP MEMBERSHIP NUMBER
SIGNATURE	SIGNATURE
DATE	DATE

*Must be a fellow of the IASP

UNDERTAKING:

I hereby solemnly pledge that I shall promote the aims and objectives of the Indian Association for Social Psychiatry (IASP) to the best of my ability and shall abide by its constitution and bylaws. I pledge to never have been a member of the IASP for the category applied for, and I have no dues for the association pending against me. All information provided by me in this form are true to the best of my knowledge.

Signature of the applicant

Date

ATTACHMENTS: 1. Photo 2. Highest Qualification Certificate 3. Research publications 4. Demand Draft/Proof of payment.

FOR OFFICE USE ONLY

ELECTED AS: Life-Fellow Life-Associate

CERTIFICATE POSTED:

PAYMENT RECEIPT:

IASP MEMBERSHIP NUMBER: _____

PAYMENT DETAILS: _____

REASON FOR REJECTION: _____

Signature of Secretary-General

Date