



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: _____ 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.

NEFT DETAILS:

Date	Account Number	Bank & Branch	NEFT (UTR) No.



INDIAN ASSOCIATION FOR SOCIAL PSYCHIATRY

(New Member Application form)

Established in 1984 | Regn. No. 1178/84

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. Government issued proof of Identity 4. 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



INDIAN ASSOCIATION FOR SOCIAL PSYCHIATRY

(New Member Application form)

Established in 1984 | Regn. No. 1178/84

Essential details for Application: (April 2019)

1. Membership Fees:

Life Fellow: INR 4000/-
Life Associate: INR 2000/-
Application Fee: INR 100/- (to be added to all new application)

2. Bank Details:

Payable to: Indian Association for Social Psychiatry
Payable at: Patna
Account Number: 10413589649
IFSC Code: SBIN0001662
Branch: Rajendranagar (Patna)
Address: Rajendranagar Dinkar Chawrah, Arya Kumar Road, Patna, Bihar, Pin: 800016

3. Process of Application:

Step1: Download and complete the offline form. The form with original signatures of the applicant, the proposer and the person seconding needs to be deposited.

Step2: 1. Attach a passport size photograph, 2. Highest Qualification Certificate (self-attested), 3. Government issued proof of Identity (self-attested), 4. Proof of payment by NEFT (the print slip of transfer).

Step3: Post/submit/courier the completed form to the office of the Secretary General, The Indian Association for Social Psychiatry at the address provided.

Step 4: (OPTIONAL) Upload a scanned copy of the application form at the online portal for membership application. The online account helps us/applicant to manage the registration process better and is free and automated. The online portal helps you to provide a proof of application in case of missing applications or transaction errors. Click here to go to the online portal: <http://iasp.org.in/online-registration/>

4. Address for sending the form: (Print this address and use it as a label)

Dr. Mamta Sood

Professor, Department of Psychiatry, AIIMS, New Delhi

Room Number 4096, Fourth Floor, Academic Block

All India Institute of Medical Sciences

Ansari Nagar, New Delhi- 110029

Phone: +91-11-26546634, +91-11-26596634

E-mail: mamtasood.iasp@gmail.com