



# 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.



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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. 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



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## Essential details for Application: (July 2022)

### 1. Membership Fees:

Life Fellow: INR 8000/-  
Life Associate: INR 4000/-  
Life Associate to Life Fellow: INR 4000/-

### 2. Bank Details:

Payable to: Indian Association for Social Psychiatry  
Account No: 10413589649  
Branch: SBI AIIMS,  
Ansari Nagar Branch,  
New Delhi- 110029.

Branch Code: 01536  
IFSC: SBIN 0001536

### 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)

**Prof Varghese P Punnoose**  
Department of Psychiatry  
Government Medical College Kottayam  
Kottayam, Kerala-686008  
Mail: [iaspsecretariatektm@gmail.com](mailto:iaspsecretariatektm@gmail.com)