

INDIAN PSYCHIATRIC SOCIETY
EASTERN ZONAL BRANCH
MEMBERSHIP & DATA RECORD FORM

1. NAME (IN THE BLOCK LETTERS):

(SURNAME) (MIDDLE NAME) (FIRST
NAME)

2. Mailing Address:

city: _____
Pin: _____ Dist: _____
State: _____ Tel(o): _____
e- _____
mail: _____

3. Permanent Address:

Pin: _____ city: _____

4. Category of membership LIFE FELLOW/FELLOW/LIFE ORDINARY
MEMBER/ORDINARY MEMBER/ LIFE ASSO.MEMBER/ASSO.MEMBER/CORPORATE
MEMBER.

5. I.P.S Membership No.:

6. Qualification(Bachelor's degree and above):

Degree/diploma Month & Year of passing

7. DECLARATION :(a) I solemnly affirm that I will uphold the aims and objectives of the Indian Psychiatric Society , Eastern Zonal Branch to best of my ability and agree to abide by its constitution and byelaws, which may come force from time to time.(b) I am/am not a bonafied resident of India.

Date: _____

Place: _____

_____ (Applicant's signature)

N. B.: Please sent Rs. 500/-, if you are Life Member of Indian Psychiatric Society & Rs. 50/- those who are Ordinary member of Indian Psychiatric Society & two copies of your recent passport size photograph to Hony. Treasurer, Eastern Zonal Branch, Indian Psychiatric Society, 1/1/, Gobra Road, Kolkata- 700014(WB) for you zonal subscription.