



APPLICATION FOR MEMBERSHIP

Indian Psychiatric Society - Karnataka Chapter

(Only IPS members are eligible)



Instructions to applicants:

- Kindly fill in BLOCK letters only.
- Enclose a photocopy of IPS membership certificate and self-attest it with your signature.
- Enclose a photocopy of your Psychiatry Degree certificate, State Medical Council Registration certificate and self-attest them with your signature.
- Affix your one recent color passport photo along with the form. DO NOT STAPLE OR FIX.

- Name in BLOCK letters (Use no initials and underline surname please): _____
- Place and date of Birth: _____
- Mailing address: _____
- Permanent address (if different from the above): _____

- Mobile Number: _____ Email Id _____

- Qualification (Bachelor's Degree and above):
- | Degree/Diploma | University | Month & Year |
|----------------|------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- Professional training in your speciality:
- | Designation | Name of the Institution | From | To | (Month & Year) |
|-------------|-------------------------|-------|-------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

- Appointments and further experience (List all appointments held since graduation and/or completion of professional training in chronological order. Also mention here, full time private practice):
- | Designation | Name and address of the place | From | To | (Month & Year) |
|-------------|-------------------------------|-------|-------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

- Additional information (enclose List of Honors, distinctions, awards, or any other important information): _____

- State Medical Council Registration No. _____

- Proposed by (Must be by a fellow of the Indian Psychiatric Society):

Name in Block Letters (with IPS membership no.): _____ Signature and date: _____

- Which category of membership are you applying for? Fellow / Ordinary Member / Student Member / Associated Member

- Remarks by the Hon. Secretary: _____

- Remarks by Hon. Treasurer: _____

- Remarks by the President: _____

- Decision of the Council: _____

- Date of election: _____

- I solemnly affirm that**

- I will uphold the aims and objectives of the Indian Psychiatric Society to the best of my ability and agree to its constitution and by-laws which come to force from time to time.

- I have not been a member of the Indian Psychiatric Society in the past, and no dues are pending against me

Date: _____

Signature: _____

IPS-KC Membership fees			
Life fellow	25+1000	180	1205
Life associate member	25+550	100	675
Annual fees (before 30 th Oct)			
Ordinary Member	25+150	30	205
Student Member	25+100	20	145

IPS-KC SAVINGS BANK ACCOUNT DETAILS:

Account Holder Name:

Indian Psychiatric Society- Karnataka Chapter

Name of the Bank: State Bank of India

Acc. No. 54016692946 **IFSC:** SBIN0011288

Branch: Nandini Layout, Bengaluru- 560096

Hard copy of the application form along with other documents should be sent to;

Dr Narayan R Mutalik

Hon. Treasurer, IPS-KC

Professor and HOD of Psychiatry,

S. Nijalingappa Medical College, Bagalkot-587103

Ph. No. +91-9901621771