



KARNATAKA CHAPTER

APPLICATION FOR MEMBERSHIP

Indian Psychiatric Society - Karnataka Chapter

(Only IPS members are eligible)



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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 specialty:
- | 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**
- a. 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.
- b. 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 Alok N Ghanate
Honorary Treasurer, IPS-KC
Ghanate Hospital
Opposite Saint Mary's Church, Anand Nagar, S B Temple Road,
Kalaburagi - 585102
☎ alokghanate@gmail.com 📞 Mobile No. 9243333022