



KARNATAKA CHAPTER

APPLICATION FOR MEMBERSHIP

Indian Psychiatric Society - Karnataka Chapter

(Only IPS members are eligible)



KARNATAKA CHAPTER

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**

- 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 |
|-------------|---------|-----|------|

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