



**APPLICATION FOR MEMBERSHIP OF
Indian Psychiatric Society - Karnataka Chapter
(Only Indian Psychiatric Society (IPS) members are eligible)**



Instructions to Applicants:

1. Kindly fill in BLOCK letters only.
2. Enclose a photocopy of IPS membership certificate and self-attest it with your signature.
3. Enclose a photocopy of your Psychiatry Degree certificate, State Medical Council Registration certificate and self-attest them with your signature.
4. Affix one recent color passport size photograph along with the form (Do not staple or pin).

Personal Details

Name: _____ (Write your name in block letters as per official records and Underline surname)

Place and Date of Birth: _____

Mailing Address: _____

Permanent Address (if different): _____

Mobile Number: _____ Email: _____

Qualifications

Degree/Diploma	University	Month & Year

Professional Training

Designation	Institution	From (Month & Year)	To (Month & Year)

Appointments and Experience

Designation	Name & Address of Place	From (Month & Year)	To (Month & Year)

Additional Information

Honors, distinctions, awards, or other important information (attach separately if needed):

State Medical Council Registration No.: _____



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Proposed By

Name in BLOCK letters with IPS Membership No. : _____ & _____

Signature & Date: _____

Membership Category Applied For: Life Fellow / Life Associate Member

Declaration:

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

Date: _____ Signature: _____

Submission

Hard copy of the application form along with all required documents should be sent to:

Dr. Guru S Gowda

Honorary Treasurer, IPS-KC

Associate Professor of Psychiatry, Dept. of Psychiatry, NIMHANS, Off Hosur Road, Dharmaram Post,
Near Dairy Circle, Bengaluru - 560 029

Email: drgsgowda@gmail.com Mobile: 9901758577

Scan copy of the application form along with all required documents should be sent to:

drgsgowda@gmail.com & financeipskc@gmail.com

For Office Use Only

Remarks by Hon. Secretary: _____

Remarks by Hon. Treasurer: _____

Remarks by President: _____

Decision of the Council: _____

Date of Election: _____

Membership Fees

Category	Membership Fee with GST (₹)
Life Fellow	1205
Life Associate Member	625

Bank Details for Payment

Account Holder Name:

Indian Psychiatric Society - Karnataka Chapter

Bank: State Bank of India

Account No.: 54016692946

IFSC: SBIN0011288

Branch: Nandini Layout, Bengaluru - 560096

Join IPSKC. Grow with Purpose. Lead with Impact

