



INDIAN PSYCHIATRIC SOCIETY

Tripura State Branch

Secretariat: Department of Psychiatry, AGMC and GBP Hospital



APPLICATION FOR MEMBERSHIP

For Office Use only

Membership No. Category Applied

Receipt No. Date Date of Election

Application fees Subscription Total

Cheque No. Dated Amount

Pending Document (if any)

Remarks by the **President** Remarks by the **Hon. Secretary**

Remarks by the **Hon. Treasurer**

Decision of the Executive Council to elect applicant as : Life Member Annual Member

1. **Name [Block Letter]** : Title [Prof/Dr/Mr/Mrs/Ms]

First Name

Middle Name

Last Name

Name as desired in Directory

Affix your
Photo here

2. **Date of Birth** Blood Group

3. **Mailing Address [Block Letter]**

City/Town/Village District

Pin Code State

4. **Contact No.** Landline Mobile 1 Mobile 2

5. **Email ID** 1.

6. **IPS Life Fellow / Life ordinary Member and Membership No.**

7. **Declaration :**

- a) I solemnly affirm that I will uphold the aims and objectives of the Indian Psychiatric Society, Eastern Zonal Branch to the best of my ability and agree to abide by its Constitution and bye-laws, which may come into force from time to time.
- b) I have been a member of the Indian Psychiatric Society and no dues are pending against my name.
- c) I am a bonafide resident of India.

Date :

Applicant's Signature

Membership Subscription and Eligibility

Annual Member -Rs. 100/-

Eligibility for Annual Member : Ordinary & Associate Members of Indian Psychiatric Society

Life Member -Rs. 500/-*

Eligibility for Life Member : Life Fellow, Life Ordinary and Life Associate Members of Indian Psychiatric Society

* As decided in the Annual General Body Meeting held at Kalimpong on 17th September, 2016

Application Form should be accompanied by a photocopy of highest qualification Certificates.

The Membership Form is issued by:

DR. P J CHAKMA

Chairperson, Membership Sub-Committee

Department of Psychiatry,
AGMC and GBP Hospital,
Kunjaban, Agartala -799006
M: 8131043421 E: pjchakma@gmail.com

Please pay the subscription amount and send it to:

DR. Udayan Majumder

Hon. Treasurer

Modern Psychiatric Hospital,
Narsingarh, Agartala -799009
M: 9862348418 E: Udayan586@gmail.com