



## INDIAN PSYCHIATRIC SOCIETY GUJARAT STATE BRANCH

Membership application form

Passport  
size photo  
of member

Name of member (Surname first)			
Date of birth	Blood group		
IPS membership number			
Psychiatric qualifications	Qualification	Month and yr of passing	Institute
Additional qualifications			
Area of interest in psychiatry			
Area of interest other than psychiatry			
Contact details: (please tick your preferred mailing address with PIN code)			
Clinic address:			
Mob:			
Residential address:			
Mob:			
Mobile no:		What's ap number:	
Email address:			
Details of spouse:	Name		
	Date of birth		
	Marriage anniversary:		
	Qualifications:		
	Current activity		
Details of children:	Name: <span style="float: right;">Status:</span>		
	Sex: <span style="float: right;">Status:</span>		
	Date of birth:		
	Qualification:		
	Name: <span style="float: right;">Status:</span>		
	Sex: <span style="float: right;">Status:</span>		
	Date of birth:		
	Qualification:		

Sign of member

Date:

Online Transaction UTR number / DD number and date:

FOR OFFICE USE ONLY	
Varified on:	Sign by Hon. Secretary
IPSGSB membership no.	
Receipt number:	Sign by Hon. treasurer
Sign by president	

Please Pay **Rs 2360 (2000 + 18% GST)** as lifetime membership fees by **online bank transfer** via UPI /NEFT /IMPS bank transfer to below bank account. **Account number: 1961000100041874, IFSC code: PUNB0191300, Punjab National bank Gandhinagar branch.** Or else DD in favour of 'Indian Psychiatric Society Gujarat state Branch'. Please send duly filled and signed form to hon. state Secretary. Attach a copy of IPS Membership certificate (LOM or LF).