



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:		
Details of children:	Current activity		
	Name:		
	Sex:	Status:	
	Date of birth:		
	Qualification:		
	Name:		
	Sex:	Status:	
	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).