



BRANCH OF INDIAN PSYCHIATRIC SOCIETY (KERALA)
MEMBERSHIP APPLICATION FORM

Note:

1. ONLY IPS (National) members (LF/LOM) with membership number can apply
2. Use net banking or direct payment through any branch of State Bank of India (details below)
3. Cheque or DD in favor of “Branch of Indian Psychiatric Society (Kerala)”
4. Send the filled application form with a copy national membership certificate, PG (Psy) Certificate, TCMC/MCI Registration Certificate, payment receipt and a passport size photo to Treasurer by speed post, then remind the treasurer.

1. Full Name (in block letters): _____
Sex: M/F, Age: _____ Professional Qualification: Year: _____
_____ Institution: _____
2. Postal Address (in block letters): _____
_____ Pin: _____ Land Phone: _____
Mobile: _____, Email: _____ Whatsapp: _____
3. Permanent/Work place Address:

_____ Pin: _____
4. Details of IPS (National) membership: (Life Fellow/LOM) No _____ (Mandatory)
5. Proposed by _____ IPS LF No. _____ Signature: _____
(Only
National IPS Life Fellow with state membership can propose the application)
6. Seconded by _____ IPS LF No. _____ Signature: _____
(Only National IPS Life Fellow with state membership can second the application)

DECLARATION

Dr..... residing at
.....

.....
..... do here by solemnly affirm and declares that all the information and
particulars furnished hereby me are true and correct to the best of my knowledge. I further declare
that I shall abide to the By- laws and regulations of Branch of Indian Psychiatric Society (Kerala).

Signature:

Name:

Date:

Place:

FOR OFFICE USE

Payment Details ----- Bank ----- No:
(UTR/Other) -----

Remarks if any: -----

Hony. Treasurer

Hony. Secretary

BANK DETAILS

Account name : “Branch of Indian Psychiatric Society (Kerala)”

Account no: 34770137821, IFSC : SBIN0070443, State Bank of India,

Cherukavu ADB-70443 , P B No.1,

Ayikarappadi .P.O ,Malappuram ,Pin : 673637

Email : sbi.70443@sbi.co.in

Postal Address : SBI, Cherukavu Branch, P B No.1,

Ayikarappadi .P.O ,Malappuram ,Pin : 673637

Email: sbi.70443@sbi.co.in

IFSC Code: SBIN0070443

Landphone: 0483-2790012

MOB: 8330014639(BANK)

Kindly Send to: Dr. Anees Ali, Treasurer, IPS KSB, MANASSANTHI

HOSPITAL,Kaithakunda,Chelembra P.O, Malappuram 673634

