



**INDIAN PSYCHIATRIC SOCIETY**

**SOUTH ZONAL BRANCH**

**Brief Course in  
Psychiatric Research  
4th Edition  
2024**

**Research Capacity Building Committee**

**Email the filled form to  
[szbcpr@gmail.com](mailto:szbcpr@gmail.com)**

## APPLICATION FORM

**Name** (Please spell out fully):

**First Name: Middle Name:** \_\_\_\_\_

**Complete Residential Address** (including pin code):

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**Date of Birth:** \_\_\_\_\_ **Age :** \_\_\_\_\_

(Age in completed years as on 1<sup>st</sup> Jan 2024)

**Email:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**Present Employment:**

**Designation:** \_\_\_\_\_ **Institution** \_\_\_\_\_

**Years since when you began working here:** \_\_\_\_\_

**Current Medical Council of India Registration:**

**Issuing Office:** \_\_\_\_\_ **Reg.No.:** \_\_\_\_\_

**Qualifications:**

Qualification	Specialty	Institute	University	Passing		
				Date	Month	Year
MD						
DNB						
Diploma						
MBBS	NA					

**Total Work Experience:**

Post MBBS (excluding internship): \_\_\_\_\_

As a Psychiatrist, including Senior Residency(after passing MD/DNB/DPM):

\_\_\_\_\_  
\_\_\_\_\_

**Are you a peer reviewer for any journal related to Psychiatry?(Strike off the wrong choice):**

Yes  No

**Thesis (Topic):** \_\_\_\_\_

\_\_\_\_\_

**Have you completed the NPTEL (Swayam) Basic Course in Biomedical Research:**

Yes, written the exam

Yes, currently enrolled, yet to appear in the exams

No

**Have you carried out any research projects:** Yes  No

Title: \_\_\_\_\_

\_\_\_\_\_

Year completed / Ongoing (starting year):

Funding: Yes  No

Name of the funding agency: \_\_\_\_\_

Give details of your research work/publications:

Date: \_\_\_\_\_

To,  
The Chairman,  
Research Capacity Building Committee (RCBC)  
Indian Psychiatric Society, South Zone (IPS-SZ)

Sir,

**Subject: Application for Brief Course in Psychiatric Research**

I wish to apply for the Brief Course in Psychiatric Research being conducted by RCBC, IPS-SZ, starting in March 2024.

I confirm that I have read the brochure released by the RCBC and meet the criteria.

I am attaching my application and statement of interest. I understand that the decision of the RCBC in selecting candidates is final.

Details of IPS-SZ / IPS membership:

Position (*e.g., Life, Ordinary*):

Year: \_\_\_\_\_

Registration No.: \_\_\_\_\_

**OR**

I have applied for membership. Date of application to IPS-SZ / IPS \_\_\_\_\_.

Thanks, and

Regards

**Signature:**

**Date:**

**Email:**

**Mobile Number:**

**STATEMENT OF INTEREST**

*(Please mention in less than 500 words why you want to do this course)*