



# INDIAN PSYCHIATRIC SOCIETY- SOUTH ZONAL BRANCH

## Membership Application Form

photo

**Note: ONLY IPS (National) members (LF/LOM) with membership number can apply Membership fee onetime payment of Rs. 2000/- (Rupees two thousand only) Rs 1000 for Postgraduate students currently pursuing psychiatry in the institutions within the zone(attach a letter from your HOD dept of psychiatry of your institution) Send the filled application form with a copy of national membership certificate, PG (Psy) Certificate, payment receipt and a passport size photo to Treasurer by speed post.**

Full Name (in block letters): \_\_\_\_\_

Sex: M/F Age: \_\_\_\_\_ Professional qualification(s): \_\_\_\_\_

Mailing Address (in block letters): \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ MCI No: \_\_\_\_\_ Land Line: \_\_\_\_\_

Whatapp Number: \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_ Pin: \_\_\_\_\_

IPS (National) membership: (Life Fellow/LOM) No: \_\_\_\_\_ (Mandatory)

Proposed by \_\_\_\_\_ IPS LF No. \_\_\_\_\_ Signature \_\_\_\_\_

(Only National IPS Life Fellow Members can propose)

Signature of Applicant

**For Office Use:**

**Payment Details:**

**Bank:**

**Date:**

UTR/NEFT reference number:

Remarks if any:

Hony. Treasurer

Hony. Secretary

President/Presiding officer of EC

### Bank Details:

**A/C Name:** Indian Psychiatric Society South Zonal Branch

**A/C No:** 520 101 0071 60743 **IFSC code:** UBIN0573787

**Address:** Union Bank, D44 VIII cross West Thillainagar Branch Tiruchirappalli Tamilnadu 620018

**Send to:** Dr Mahesh Gowda Hon Treasurer IPS SOUTH ZONAL BRANCH

**SPANDANA HEALTH CARE** No 236 / 2, 29 main, Nandini layout, Bangalore 560096



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