

**ASSOCIATION OF CLINICAL PSYCHIATRY
(U.P. STATE BRANCH OF IPS)**

Estd: 2020 Society Reg. No.: LUC/02811/2020-2021

Regd. Add: K-61, Ansal Nest, Aashiyana, Lucknow, 226012,
Uttar Pradesh, India

Applicant's
Photo

MEMBERSHIP APPLICATION FORM

APPLIED FOR: LIFE FELLOW/ LIFE ORDINARY MEMBER/ LIFE ASSOCIATE
MEMBER/ CORPORATE MEMBER

Please fill in Block Letters with Black Ink

Specimen Signature With Black
Ink Compulsory

IPS Membership no.: _____ IPS Central zone membership _____

CITY : _____ STATE: _____ IPS ZONE : _____

FIRST NAME : _____

MIDDLE NAME : _____

LAST NAME/ SURNAME : _____ FATHER'S NAME

PERMANENT ADDRESS : _____

City : _____ Pin Code: _____ State: _____

CONTACT NO. (MOBILE) : _____ Res. _____

E-MAIL : _____ BLOOD GROUP: _____

DATE OF BIRTH : _____ GENDER : _____ NATIONALITY : _____

QUALIFICATIONS

Degree/Diploma	University/ Institute/College	Month & Year	MCI state	MCI reg. No. & Date
MBBS (with internship completion)				
DPM				
MD (Psychiatry)				
DNB (Psychiatry)				
Others				

CHQ/DD/NEFT-UTR NO. _____ Date: _____ Rs. _____

BANK & BRANCH : _____

I declare that the above mentioned information is true. I have not withheld any information whatsoever regarding this application. I agree to abide by the MEMORANDUM OF ASSOCIATION AND RULES & REGULATIONS INCLUDING BYE-LAWS of ASSOCIATION OF CLINICAL PSYCHIATRY. I further agree to abide by the amendments, alterations, if any, which may come into force from time to time in future also.

DATE : _____ Place : _____

FOR OFFICIAL USE

Applicant's Signature

Membership Receipt No. : _____ Date: _____ Form Received on: _____

Bank Clearance Details: _____ Courier/ Postal Date: _____

Membership No.: _____ Membership Date of Election: _____

President, ACP

Hon. Gen. Secretary, ACP

Hon. Treasurer, ACP

(P.T.O.)

ASSOCIATION OF CLINICAL PSYCHIATRY (U.P. STATE BRANCH OF IPS)

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MEMBERSHIP APPLICATION PAYMENT DETAILS

CATEGORY	SUBSCRIPTION AMOUNT
Life Fellow (LF)	Rs. 5,000/-
Life Ordinary Member (LOM)	Rs. 3,000/-
LOM to LF	Rs. 2,000/-
Life Associate Member (LAM)	Rs. 3,000/-
Corporate Member (Annual) (January to December)	Rs. 15,000/-

- Eligibility Criteria** :
- LOM: Anyone holding the degree of MBBS can enroll as Life Ordinary Member.
 - LF: Five (05) years after obtaining the 1st Psychiatric Qualification can enroll as a Life Fellow.
 - LAM: Any person working in the allied fields of Psychological, Medical Science and Interested in the Aims & Objectives of Association of Clinical Psychiatry can enroll as a Life Associate Member.
 - CM: Any corporation after approval from the Executive Council of Association of Clinical Psychiatry

Bank Details: Name : ASSOCIATION OF CLINICAL PSYCHIATRY ACP
Bank Branch : INDIAN BANK, K G M COLLEGE, CHOWK, LUCKNOW
Account No. : 50530311578
IFSC No. : IDIB000K656
MICR CODE : 26019263

Notes : Cheque/DD/NEFT-UTR must be in favour of "ASSOCIATION OF CLINICAL PSYCHIATRY"

Please write your Name and Mobile Number on the reverse of the Cheque / DD (payable at Lucknow)

If there is any change in mailing address, inform should be sent to the Hon. Treasurer, Hon. General Secretary, Hon. Editor

- Enclosures:**
- **Please** attach TWO recent photos of size 2.5 cms width x 3.0 cms height photos. (with white background)
 - **Self-Atf**sted Photo copy of M.B.B.S. Degree & Registration Certificate.
 - **Self-Atf**sted Photo copy of Post Graduate Psychiatric Qualification Degree & Reg. Certificate
 - **Self-Atf**sted Photo copy of Birth Date Certificate
 - **If there** has been change in the name of application, then an attested photo copy of Gazette Certificate / Affidavit
 - **Compu**ory to Send: NEFT / RTGS / Mobile Transfer / Payment Proof along with Hard copy of Membership Application Form & Documents

Membership Application Form along with enclosures & the payment must be sent to:

For any query kindly contact:

Dr. Adarsh Tripathi
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of Psychiatry, King George's
Medical University, Chowk,
Lucknow, Uttar Pradesh, India
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Mobile: +919651970700
Email: dradarshtripathi@gmail.com

Dr. Anurag Varma
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