

HYDERABAD PSYCHIATRIC SOCIETY

(Reg. No. 1706/94)

MEMBERSHIP APPLICATION FORM

1. Full Name: _____
2. Date of Birth: _____
3. Mailing Address : _____

Pin Code : _____ Phone : _____

4. Permanent Address : _____
Pin Code : _____ Phone : _____

5. Qualifications

Degree/Dip.

University

Year of
Completion

**Proofs to be
Enclosed**

- 1.
- 2.
- 3.

6. Professional Experience :

Designation

Name of
Institution

Period
From to

- 1.
- 2.
- 3.

DECLARATION

I solemnly affirm that I will uphold the aims and objectives of the HYDERABAD PSYCHIATRIC SOCIETY to the best of my ability and agree to abide by its constitution and bye-laws, which come to force from time to time.

Date : _____ Signature of Applicant : _____

Proposed by Name _____ Seconded by Name _____

Signature _____ Signature _____

Note : Please enclose copies of your certificates.

Fees

Regular member : Rs. 3000/-

Associate member : Rs. 1500/-

Life membership fees

**UNION BANK OF INDIA
SR NAGAR BRANCH
MAIN ROAD**

Fees may be paid as **Online payment** in the name HYDERABAD

PSYCHIATRIC SOCIETY **A/c no: 052210011033612, IFSC: UBIN0805220**

Application Received by _____ on Dt. _____ Receipt No. _____

Remarks of Application Screening Committee _____

INSTRUCTIONS

1. Please fill out the membership application form and get the required signatures.
2. Make the online payment (all the payment details are given in the application form) in the name of **Hyderabad Psychiatric Society A/c No: 052210011033612. IFSC: UBIN0805220. Union Bank of India, SR Nagar Branch.**
3. Submit the copies of the membership application form, MBBS degree, MD/DPM degree, TSMC registration and the payment details and receipt to **treasurerhps@outlook.com**

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