



6. Qualification (Bachelor's degree and above):

<i>Degree / Diploma</i>	<i>University</i>	<i>Month &amp; Year</i>

7. Professional Training in your Specialty:

<i>Designation of training</i>	<i>Institution</i>	<i>Period</i>	
		<i>From</i>	<i>To</i>

\* If required, please use extra sheet

8. Clinical and Academic Appointments held and further experience (List all appointments held since graduation and / or completion of professional training in chronological order. Also, mention here full time private practice).

<i>Current Designation</i>	<i>Name &amp; address of the Place</i>	<i>Period</i>	
		<i>From</i>	<i>To</i>

\* If required, please use extra sheet

9. DECLARATION:

- (a) I solemnly affirm that I will uphold the aims and objectives of the Indian Psychiatric Society, West Bengal State Branch to the best of my ability and agree to abide by its constitution and byelaws, which may come into force from time to time.
- (b) No dues are pending against me
- (c) I am/am not a bonafide resident of India

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

Place: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

10. Particulars of Enclosures :

- a) Application for Membership and Data Record Form
- b) Self-attested photocopy of qualification
- c) Draft made in favour of "**Hony. Treasurer, IPS, WB State Branch**" payable at Kolkata)

D. D. No. \_\_\_\_\_ Dated \_\_\_\_\_

Amount \_\_\_\_\_ Issuing Bank \_\_\_\_\_

Please complete the Form and directly send to **Dr. Neelanjana Paul, Hony. Treasurer, I.P.S., West Bengal State Branch, 1/1, Gobra Road, Kolkata - 700 014, W.B.**, Phone : **033-22845300** E-mail : **treasurer.wbips@gmail.com** Website : **www.wbips.org**