



IAGMH.....Committed to quality mental health care for the elderly

Indian Association for Geriatric Mental Health

Reg. No. 268/ 2004-05

Indian Association for Geriatric Mental Health

Membership Application Form

Please print or type your response to the following items.

1. Name :

Preferred Salutation (e.g., Dr., Prof. etc.) :

Family Name :

First Name :

Middle Name :

Credentials/Degrees : (e.g.. MD., FRCP, FRCPsych, Ph.D, M.Phil, etc.):.....

Please write your name exactly as you would like it to appear on correspondence, with preferred salutation (e.g., Prof., Dr., Mrs., Mr., M/s etc.).....

2. Qualifications

3. Year of Passing MD/DPM/DNB

4. Date of Birth (MM:DD:YY) :

5. Gender : Male Female

6. Business Mailing Address and Telephone :

Business E-mail Address :

Name of Business :

Street Address :

.....

City, State, Postal Code :

Country :

Country code/City code/Local number

Telephone :

Fax :

Mobile :

7. Home Mailing Address and Telephone :

Home E-mail Address :

Street Address :

City, State, Postal Code:

Country:

Country code/City code/Local number

Telephone :

Fax :

Mobile:

8. Please indicate if you prefer to receive E-mail from IAGMH your home or business E-mail Address

(a) Home E-mail : (b) Business E-mail:

9. Please indicate your professional discipline (s): (You may more than one) :

- | | | | |
|------------------------------------|--------------------------|-----------------------------|--------------------------|
| 1. Geriatric Mental Health | <input type="checkbox"/> | 2. General Adult Psychiatry | <input type="checkbox"/> |
| 3. Child and Adolescent Psychiatry | <input type="checkbox"/> | 4. De-addiction | <input type="checkbox"/> |
| 5. Geriatric Medicine | <input type="checkbox"/> | 6. Neurology | <input type="checkbox"/> |
| 7. Neuro-Surgery | <input type="checkbox"/> | 8. Neuro-Anatomy | <input type="checkbox"/> |
| 9. Neuro-Psychopharmacology | <input type="checkbox"/> | 10. Neuro-imaging | <input type="checkbox"/> |
| 11. Other Neurological Sciences | <input type="checkbox"/> | 12. Public Health | <input type="checkbox"/> |
| 13. Life Sciences | <input type="checkbox"/> | 14. Social Work | <input type="checkbox"/> |
| 15. Others, please specify | <input type="checkbox"/> | | |

10. Please indicate your function in your job: (You may more than one) :

- | | | | |
|-------------------|--------------------------|-------------------------------|--------------------------|
| a. Administration | <input type="checkbox"/> | b. Clinical Practice | <input type="checkbox"/> |
| c. Education | <input type="checkbox"/> | d. Academic | <input type="checkbox"/> |
| e. Research | <input type="checkbox"/> | f. Other, please specify..... | <input type="checkbox"/> |

Details about your discipline, if any

11. Please indicate your area of work in the field of Geriatric Mental Health : (You may more than one)

- | | | | | | |
|-------------------|--------------------------|-----------------------------------|--------------------------|------------------------|--------------------------|
| 1. Clinical | <input type="checkbox"/> | 2. Research | <input type="checkbox"/> | 3. Academic | <input type="checkbox"/> |
| 4. Care Taking | <input type="checkbox"/> | 5. Social Work | <input type="checkbox"/> | 6. N.G.O'S for elderly | <input type="checkbox"/> |
| 7. Rehabilitation | <input type="checkbox"/> | 8. Any other, please specify..... | | | <input type="checkbox"/> |

There will be four types of membership as following:

1. Life Fellows
2. Life Members
3. Life Associate Members
4. Corporate Members

ELIGIBILITY :

1. Life Fellows :

- P.G. Degree/Diploma in Psychiatry/Geriatric Psychiatry
- 3 Years Post P.G. Experience for Degree holders in Psychiatry/Geriatric Psychiatry
- 5 Years PG Experience for Diploma holders in Psychiatry/Geriatric Psychiatry
- Interest and/or work in Geriatric Mental Health

2. Life Members :

- Professionals from other branches of Medical Sciences
- Trained Clinical Psychologists with M. Phill
- Trained Psychiatric Nurse with DPN
- MSW's Trained in Psychiatric Social Work
- Eminent People working in the field of Geriatric Mental Health/Gerontology

3. Life Associate Member :

- NGO's
- Care givers
- Psychologists
- Social Workers
- Lite Science
- Others

4. Corporate Member :

- Pharmaceutical houses/their representatives
- Profit making organization etc.

MEMBERSHIP FEE :

Membership fee for the first three types of members is Rs. 3,000/- once only for applicants residing in India; and US\$ 750/- for applicants living abroad. For corporate members, the one time membership fee is Rs. 10,000=00.
