



INDIAN ASSOCIATION FOR GERIATRIC MENTAL HEALTH

Committed to quality mental health care for the elderly

Reg. No. 268/2004-5

Website <https://iagmh.org/>

MEMBERSHIP FORM

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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:

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:

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 choose more than one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Geriatric Mental Health | <input type="checkbox"/> General Adult Psychiatry | |
| <input type="checkbox"/> Child & Adolescent Psychiatry | <input type="checkbox"/> De-addiction | <input type="checkbox"/> Geriatric Medicine |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Neuro-Surgery | <input type="checkbox"/> Neuro-Psychopharmacology |
| <input type="checkbox"/> Neuro-Anatomy | <input type="checkbox"/> Neuro-imaging | <input type="checkbox"/> Other Neurological Sciences |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Life Sciences | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Others, please specify: | | |

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

- Administration Clinical Practice Education
 Academic Research
 Other, please specify
 Details about your discipline, if any

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

- Clinical Research Academic
 Care Taking Social Work N.G.O'S for elderly
 Rehabilitation Any other, please specify

12. A Copy of this completed application must accompany all payments:

For applicants residing in India: Life Time Membership Fee = Rs. 3,540/-[#]

- One-time Corporate Membership Fee = Rs. 11,800/-[#] • One-time Overseas Membership Fee = Rs. 11,800/-[#]
- For applicants residing Overseas = US\$ 750/- [[#] included 18% GST as per Govt. rules]

Method of Payment: Cheque/ Draft* (enclosed) Number:
 Cash; Amount: Date:

Signature of Applicant and Date :

13. Membership: Membership should be proposed and seconded by Life fellows of the IAGMH.

Proposed by:	Seconded by:
Name	Name:
Signature.....	Signature.....
IAGMH Membership No.	IAGMH Membership No.

*Cheque/draft should be drawn in favour of “**Indian Association for Geriatric Mental Health**” payable at Agra. Overseas members are requested to pay only by demand draft. (Pl. add Rs. 60 as bank charges for out station cheques).

For official use

Decision of the screening committee: (i) Recommendation for Membership Yes No
 (ii) Enrolled Yes No If enrolled, ID Number

Completed form with payment to be sent to:

Dr. S P Gupta, Treasurer,
 Indian Association for Geriatric Mental Health
 Gupta Manochikitsa Kendra
 2A, Das Market, Delhi Gate, Agra-282002
 Tel.:+91-562-2521780 (O) +91-9837433502 (M)
 e-mail: spgupta_psychiatrist @rediffmail.com

Bank Details:

Bank and Branch: Canara Bank, Lohamandi, Agra
 A/c Name: Indian Association for Geriatric Mental Health
 Account No.: 0378101092206 (Saving Account)
 IFS Code: CNRB0000378
 GST No. 09AAAAI1335F1Z2 (7th letter is “capital i”)

Please see the next page for Membership Category and other information

1. Categories of Membership:

- Life Associate Members
- Life Members
- Life Fellows
- Corporate Members

2. Who can Join

• **Life Associate Members:**

- I. NGO's
- II. Care givers
- III. Psychologists
- IV. Social Workers
- V. Life Science
- VI. Others

• **Life Members**

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

• **Life Fellows**

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

• **Corporate Members**

- I) Pharmaceutical houses/their representatives
- II) Profit making organization etc.