

INDIAN PSYCHO-ANALYTICAL SOCIETY
[Registered under Act XXI Of 1860]
AFFILIATED TO THE INTERNATIONAL PSYCHOANALYTICAL ASSOCIATION
14, Parsi Bagan Lane, Kolkata 700 009



Email ID: ipskol1922@gmail.com

Tel. No. 91-33-2350-8788

Date:

APPLICATION FOR AFFILIATION
(Please type or write in capitals)

Full name of the Applicant:

Sex: M/F/O

Name of Father/Mother:

Age: Marital Status: Occupation:

Present address:

Permanent address:

Telephone Number: Mobile :

Email ID:

Academic Qualification:

I am interested in the advancement of Science of Psycho-analysis and, therefore, desire to be admitted as an Affiliate of the Indian Psycho-analytical society.

I am also interested in training in psychoanalysis and would like to begin my trial analysis under or an analyst assigned by the Society. (Strike out if not applicable.)

I have read the Rules and Regulations of the Society and agree to abide by them. I tender herewith a sum of Rs..... (Rs.) only by cheque/cash /bank draft/net banking being the registration fee. On demand I shall pay my subscription for affiliation.

Dated:

Signature in full:

RECOMMENDATION

Signature of the members of the Indian Psycho-analytical society recommending the applicant as a fit person to be admitted as an affiliate:

1.

2.

3.

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FOR OFFICE USE

Application received on: Decision of the council Meeting held on
.....

Candidate advised of his admission on: Subscription received on:
.....

Candidate's name entered on the roll on:

Secretary