

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



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Tel. No. 91-33-2350-8788

Date:

**APPLICATION FOR FULL MEMBERSHIP OF INDIAN PSYCHOANALYTICAL SOCIETY**

**(Please type or write in capital)**

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 have completed all the requirements of my training in Psychoanalysis (copy of the letter to this effect is attached) and I would like to apply for full membership of the Indian Psychoanalytical Society. Kindly issue me a diploma for the completion of the course and of full membership of the Indian Psychoanalytical Society. also, as per rule kindly send my name to the International Psychoanalytical Association for issuing a diploma to me.

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 annual subscription for membership of Indian psychoanalytical Society..

Dated: .....

Signature in full: .....

**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