## INDIAN PSYCHO-ANALYTICAL SOCIETY [Registered under Act XXI 0f 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 TRAINING IN PSYCHOANALYSIS**

(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 have completed my trial analysis and interview prome from the IPS, I would like to apply for a psychoanalysis. Kindly accept my traineeship and complete the second control of	ccepting me as a trainee candidate for
I have read the Rules and Regulations of the Soci herewith a sum of Rs(Rs	) only by cheque/cash
Dated: Signature in ful	l:
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:	