



DECCAN PSYCHIATRIC ASSOCIATION

Reg No. MH/454/2007/F/13022 SANGLI.

.Miraj Psychiatry Center, Land No.833, Dr. Gaikwad Road, Zari Baug, Miraj, Maharashtra, India.

E-mail : deccanpsychaitric@gmail.com ,Web site:-<https://edpa.in/>

Applicant's
Photo

MEMBERSHIP APPLICATION FORM

APPLIED FOR:-LIFE FELLOW MEMBER

Specimen Signature with

Black /Blue Ink
Compulsory

(Please fill in Block Letters with Black/Blue Ink)

If former Member, then mention the

membership number • _____

CITY: _____ STATE : _____ IPS ZONE. _____

FIRST NAME :-

MIDDLE NAME:-

LAST NAME/SURNAME • _____

FATHER'S NAME • _____ MOTHER'S NAME • _____

PERMANENT ADDRESS • _____

City • _____ Pin Code : _____ State • _____

CONTACT NO. : MOBILE • _____ LAND LINE • _____
E-MAIL ID _____

DATE OF BIRTH • _____ GENDER • _____ NATIONALITY • _____

QUALIFICATIONS : _____ BLOOD GROUP • _____

Degree/Diploma	University/Institute/College	Month & Year	MCI State	MCI Reg. No. & Date
MBBS with Internship Completion				
DPM				
MD (Psychiatry)				
DNB (Psychiatry)				
Others				

PROPOSER: LF Name • _____ LF No • _____

Mob • _____ E-mail • _____ Signature _____

SECONDER : LF Name • _____ LF No • _____

Mob • _____ E-mail • _____ Signature _____

CHQ/DD/NEFT - UTR : NO. _____ DATE • _____ Rs _____

BANK & BRANCH . _____

I declare that the above information is true. I have not withheld any information whatsoever regarding the application. I agree to abide by the **MEMORANDUM OF ASSOCIATION AND RULES & REGULATIONS INCLUDING BYE-LAWS of DECCAN PSYCHIATRIC ASSOCIATION**. I further agree to abide by the amendments, and alterations, if any, which may come into force from time to time in the future also.

Applicant's Signature

: FOR OFFICE USE :

Membership Receipt No. • _____ Date: _____ Form Received on _____

Bank Clearance Details • _____ Courier / Postal Date • _____

Membership No. _____ Membership Date of Election • _____

President, DPA

Hon. Gen. Secretary, DPA

Hon. Treasurer, DPA

(P.T.O.)

The new 2023 form for DPA Membership is now available. E-submission.

Enclosures:-

1.PG DEGREE CERTIFICATE

2. Proof of Residency:- Aadhar Card, Voting Card, Driving License.

Details of DPA membership and bank details for transfer of fees are available in the Membership Page. Once the form is completed and attested, one can upload it through the website for tracking the status of Membership. As per constitutional rules, the original signed hard copy of the form still needs to be posted to the DPA headquarters within 30 days of online submission.

Membership Fees:**3000/ - (Three Thousand Rupees only)**

ACCOUNT DETAILS:-

Name of A/C:- DECCAN PSYCHIATRIC ASSOCIATION

Bank Name:- ICICI Bank, Branch Gandhi Chowk, Miraj.

Account Number:- 654001702552

IFSC CODE:- ICIC0006540

For membership queries kindly mail at deccanpsychaitric@gmail.com or call at the DPA office barriers during office hours. All postal communications are to be mailed