



INDIAN ACADEMY OF HEALTH PSYCHOLOGY

(REGISTERED UNDER THE SOCIETIES REGISTRATION ACT XXI OF 1860 REGD. NO. 1107)

Head Quarter : Department of Psychology
M.G. Kashi Vidyapith, Varanasi

**APPLICATION FORM FOR
LIFE MEMBERSHIP**

Affix Photo

Name (Block Letters) :

Age Gender.....

Designation and official address :

.....
.....
..... Pin.....

Mailing Address (Block Letters) :

.....
.....
..... Pin.....

*E-mail ID.....

MobileNo:.....

WhatsApp Number :.....

Degree	Subject	Institution	Year
Graduation			
Post Graduation			
PhD			
Any other			

* All correspondence will be done by e-mail.

Membership Fee

<i>Life membership</i>	Rs.3000/-
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Life membership fee of Rs. 3000/- has been transferred to **Indian Academy of Health Psychology, A/C No. 50264883107 (IFSC Code: IDIB000K619), Indian Bank, Kashi Vidyapith Campus Branch, Varanasi (U.P.), through online transaction** vide Bank Transfer Reference No.

Dated _____ /
enclosed by Demand draft DD No./ Cheque No. _____ Dated _____ Drawn in favour of **Indian Academy of Health Psychology** payable at **VARANASI**.

I, _____

certify that the particulars given above are true to the best of my knowledge.

I am interested in the aims and objectives of IAHP and undertake to abide by the rules and regulations during the tenure of my membership.

Place:

Date:

Signature of Applicant

Recommended by (IAHP Executive Member):

Name:

Signature:

The life membership application form along with membership fee should be sent to:

Prof. Anand Kumar

President , IAHP

Former Head, Department of Psychology

M.G. Kashi Vidyapith

Varanasi – 221002

Mobile : +91-9415202167

e-Mail: ia hp.net.in@gmail.com

e- Mail : profananda@yahoo.com

FOR OFFICE USE ONLY

Received Rs. _____ by cheque / draft / online payment.

.....Datefor Life membership of IAHP

Place

Date:

Signature

Admitted/Not admitted