

Society For Bipolar Disorders-India (SBDI)

Regd. Office & Secretariat: Asha Hospital 298, Road No.14, Banjara Hills, Hyderabad-500034, (A.P.)

Telefax: 40-66759658/27568979 Email: prasad40@gmail.com

Website: www.sbdi.in

Application for Membership

For Office use only:

Date of Application:Date of Approval:

If refused, why?

Membership Number:Membership Category:

Name:

Last:Middle:First:

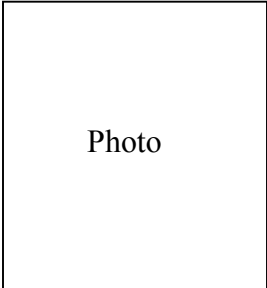
Age:.....Date of Birth:.....Sex:.....

Address:

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District:State:Pin:



Phones with STD Codes:

Residence:Office:

Fax:Mobile:

E-mail:Pager:

Qualification:Year:

University/Institute/Board:

Work Setting:

Full Time Private Practice:

Part Time Private Practice:

Full Time Private Job:

Full Time Govt. Job:

Others (Give Details):

If in part time practice, what else is your work setting (not mutually Exclusive):

Govt. Job:	<input type="checkbox"/>
Private Job:	<input type="checkbox"/>
Academic:	<input type="checkbox"/>
Charitable/NGO:	<input type="checkbox"/>
Any Other:	<input type="checkbox"/>

Office Address (s) and Phones:

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I hereby apply for membership of the Society for Bipolar Disorders-India and undertake to follow and abide by the rules and regulation, and byelaws of Society for Bipolar Disorders-India and not to carry out any activity deleterious to the interest of the said Association.

I hereby affirm and declare that all the information provided by me in this Membership Form is true to my best knowledge and belief and my form may be rejected or my membership cancelled and disciplinary action taken under the associations byelaws if at any time of this is found to be false or incorrect.

Signature:

Date:

Place:

This application form should ideally be proposed and seconded by two Fellow of the Society for Bipolar Disorders-India. If for some reason this is not possible then the reason for this may be stated and the duly filled form may be sent to the SBDI Executive Council, which may then consider the application on merit. The decision of the Executive Council/National Advisory Board of the SBDI will be final and binding on all matters related membership.

Proposed by:

Seconded by:

Details of payment enclosed:

Cheque No. Pay Order/Demand Draft No.:

Dated:

In Favour of 'Society for Bipolar Disorders-India' for Rs.

Payable at Hyderabad.

Pleased also enclose photocopies of your highest professional qualification MCI/Other registration certificates.

Filled from may be sent to :

Secretary, SBDI
Dr. G. Prasad Rao
Asha Hopital 298,
Road No.14, Banjara Hills,
Hyderabad-500034 (A.P.)

Information for Application

Membership Fees:

There is a one-time life subscription fee, which is:

- Rs.5000.00 for all categories of members including Fellows, Members and Associate Members. Student members shall not pay any subscription for the period of their studentship.
- Rs. 10,000.00 for all other corporate or Institutional members.