INDIAN ASSOCIATION FOR CHILD AND ADOLESCENT MENTAL HEALTH

Paste recent stamp sized photo here

(Read Membership criteria before filling the form)

(Type OR write in Block Letters)

Application for Election as: **Student Member** ☐

NAME: Dr./ Mr./Ms. _____

PRESENT DESIGNATION AND INSTITUTIONAL AFFILIATION

_____

_____

COMPLETE MAILING ADDRESS

_____

_____

_____

CITY _____ STATE _____ PIN _____

MOBILE / TEL. NO. _____ EMAIL: _____

PROFESSIONAL QUALIFICATIONS (STARTING WITH MBBS OR B.A./B.Sc.)

Degree	University	Year Obtained

DETAILS ABOUT CURRENT POSTGRADUATION COURSE BEING PURSUED:

Name of the course	Medical College / University (With City and State Name)	Date of Joining (DD/MM/YYYY)	Date of Completion (DD/MM/YYYY)

Proposed By

Name _____
(in Block Letters)

Life Fellow Number _____

Signature and Date _____
(Must be a Fellow of IACAM)

Seconded by

Name _____
(in Block Letters)

Life Fellow Number _____

Signature and Date _____
(Must be a Fellow of IACAM)

I hereby solemnly pledge that I shall promote the aims and objectives of the Indian Association for Child and Adolescent Mental Health to the best of my ability and shall abide by its constitution and bylaws.

Date _____ **Signature of the Applicant** _____

Membership Criteria

Student Members *shall be students who are currently pursuing postgraduation in Psychiatry / Psychology / Paediatrics / Sociology / Social work or any other equivalent course allied disciplines which has focus on child and adolescent mental health.*

Please Note:

- *The validity period of this category of membership is till the date of completion of the PG course or three years whichever is earlier.*
- *The student should mandatorily upload soft copy of their student ID card / certificate that they are PG student of the institute, attested by Head of the Institute, to apply for this category of membership.*