

INDIAN ASSOCIATION FOR CHILD AND ADOLESCENT MENTAL HEALTH

_____ (Read Membership criteria before filling the form) _____

(Type OR write in Block Letters)

Application for Election as: Fellow Member

NAME: Dr./ Mr./Ms. _____

PRESENT DESIGNATION AND INSTITUTIONAL AFFILIATION _____

Paste recent stamp sized photo here

COMPLETE MAILING ADDRESS _____

CITY _____ STATE _____ PIN _____

MOBILE / TEL NO. _____ EMAIL: _____

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

Degree	University	Year Obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL APPOINTMENTS HELD:

Designation	Institution/Department	From - To (Month/Year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Proposed By	Seconded by
Name _____ (in Block Letters)	Name _____ (in Block Letters)

Life Fellow Number _____ Life Fellow Number _____

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

- i. I have been a member of IACAM in the past Yes No
ii. Dues are pending against me Yes No

Date _____ Signature of the Applicant _____

Membership Criteria

Fellows shall be either (i) Physicians with recognized postgraduate qualifications in Psychiatry (MD or DPM) with minimum of three years of experience of working with children and adolescents; or with additional qualifications in Child and Adolescent Psychiatry (ii) Physicians/ Pediatricians with at least 5 years of experience as such who have made significant contribution to the field of child and adolescent mental health. (iii) Professionals in behavior and social sciences related to child mental health/mental health with either 10 years of experience after Master's Degree or 5 years after Ph.D. degree, who have made significant contribution to the field of child and adolescent mental health.

Members shall be qualified psychiatrists, pediatricians, social/behaviour scientists or other professionals allied to child and adolescent mental health who are interested in the aims and objectives of the Association.