



# 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.....

Mobile No: .....

Landline No: .....

Degree	Subject	Institution	Year
Graduation			
Post Graduation			
PhD			
Any other			

\* All correspondence will be done by e-mail.

## Membership Fee

<i>Life membership</i>	<b>Rs.3000/-</b>
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Life membership fee of Rs. 3000/- has been transferred to **Indian Academy of Health Psychology, A/C No. 50264883107 (IFS Code: ALLA0212022), Allahabad 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: iahp.net.in@gmail.com

e- Mail : profananda@yahoo.com

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## FOR OFFICE USE ONLY

Received Rs. \_\_\_\_\_ by cheque / draft / online payment.

.....Date .....for Life membership of IAHP

**Place**

**Date:**

**Signature**

**Secretary General**

**Admitted/Not admitted**