

INDIAN ASSOCIATION FOR CHILD AND ADOLESCENT MENTAL HEALTH

(Type OR Block Letters. Read Membership Criteria)

Application for Election as

- Fellow
 Member

NAME: Dr./ Mr./Ms.

FIRST

SECOND

LAST

PRESENT DESIGNATION AND INSTITUTIONAL AFFILIATION

COMPLETE MAILING ADDRESS

CITY _____ PIN _____ TEL NO. _____

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

Name in Block Letters _____

Seconded by

Name in Block Letters _____

Signature and Date

(Must be a Fellow of IACAM)

Signature and Date

(Must be a Fellow of IACAM)

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

i. I have been a member of IACAM in the past Yes No

ii. Dues are pending against me Yes No

iii. Application fee Rs. 50/- D/D No. _____ dated _____ is enclosed in favour of 'Treasurer IACAM'.

Date _____ Signature of the Applicant _____

FOR OFFICE USE ONLY

Elected LF F on _____
 LM M

Signature of Secretary-General

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 behaviour 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.