



# PONDICHERRY PSYCHOLOGY ASSOCIATION

(Registered under societies Registration Act of 1860)

PONDICHERRY

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## APPLICATION FOR MEMBERSHIP

Member No. :

Name :

Father's / Husband's Name :

Date of Birth :

Qualification :

Address for Communication :

Designation and Name of the  
Office in which he/she is working :

Area of Interest :

Publications, if any :

Nature of Membership :

## DECLARATION

I, declare that the particulars given above are correct to the best of my knowledge and belief.

Date :

Place :

Signature

We, on behalf of the Pondicherry Psychology Association admit Mr. /  
Mrs. \_\_\_\_\_ as a Life Member / Institutional Member / Associate  
Member / Annual Member of the Association vide resolution No. \_\_\_\_\_ of the  
governing council meeting held on \_\_\_\_\_.

Secretary / President