



# INDIAN ASSOCIATION FOR COGNITIVE BEHAVIOR THERAPY (IACBT)

[www.iacbt.org](http://www.iacbt.org)

REGISTERED UNDER THE SOCIETIES REGISTRATION ACT XXI OF 1860

REG. NUMBER. S /1951 / DISTT. SOUTH / 2016

## MEMBERSHIP REGISTRATION AND RENEWAL FORM

Category: **LIFE MEMBERSHIP**  **PROFESSIONAL**  **ASSOCIATE**  **STUDENT**

Name: Dr/Ms/Mrs/Mr \_\_\_\_\_ (BLOCK LETTERS)

Age: \_\_\_\_\_ {years} DOB : \_\_\_\_\_ {dd/mm/yyyy}

Nationality: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_ Pin code:

Designation & Place of work: \_\_\_\_\_

AFFIX PHOTO

Subject and specialization: \_\_\_\_\_

Phone / Landline: \_\_\_\_\_ (with STD & Country code)

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### EDUCATIONAL QUALIFICATIONS

LEVEL	NAME OF QUALIFICATION	PLACE (UNIVERSITY/COLLEGE/INSTITUTE)	YEAR & DURATION
PhD			
M.Phil			
Masters			
Bachelors			
CBT TRAINING			
OTHERS			

**PROFESSIONAL EXPERIENCE**

TYPE	Teaching	Training & Supervision	Clinical Practice	Research & Innovation	Any Other
YES/NO					
DURATION					
INSTITUTION					

**DECLARATION**

*I hereby solemnly pledge that I shall promote the aims and objectives of the Indian Association for Cognitive Behavior Therapy to the best of my ability and shall abide by its constitution and rules. The Information provided here is true to the best of my knowledge. There are no dues pending against my membership.*

\_\_\_\_\_ *Date*\_\_\_\_\_ *Place*\_\_\_\_\_ *Signature of the Applicant***PAYMENT PROCEDURE****OPTION 1: OFF LINE**

CASH / DEMAND DRAFT in Favor of IACBT, payable at New Delhi.

**DOCUMENTS REQUIRED: (soft copies)**

- i) Membership Registration Form
- ii) Attested Photocopy of degrees and certificates
- iii) 2 Passport Size Photographs
- iv) updated CV

**POSTAL ADDRESS:**

The General Secretary, IACBT, B-75, (Basement), Soami Nagar (North), New Delhi- 110017, India.

**OPTION 2: THROUGH WIRE TRANSFER**

**BANK NAME:** State Bank of India  
**ACCOUNT NO:** 35617340110  
**ACCOUNT NAME:** IACBT  
**IFSC CODE:** SBI N000 1536  
**BRANCH NAME:** Ansari Nagar

**Note:** Soft Copy of (i) Transfer Receipt (ii) Membership Registration form (iii) passport size photo and (iv) updated CV to be e mailed to [iacbtmembers@gmail.com](mailto:iacbtmembers@gmail.com)

**Membership categories and fee details are available on the IACBT website. Incomplete forms will not be accepted.**

**(FOR OFFICE USE ONLY)**

Membership approved (Y/N): \_\_\_\_\_

Reg.No. \_\_\_\_\_

Certificates checked and verified (Y/N): \_\_\_\_\_

Remarks: \_\_\_\_\_

Membership start date: \_\_\_\_\_

Payment Receipt No: \_\_\_\_\_

Membership expiry date: \_\_\_\_\_

\_\_\_\_\_ *Date & Place*\_\_\_\_\_ *Signature of President / Secretary / Treasurer IACBT (with stamp)***OFFICE ADDRESS:**

**B – 75 (Basement), Soami Nagar (North), New Delhi – 110017**  
**Ph: 011-26491976, M: 9953681570, 9811798930; [iacbtmembers@gmail.com](mailto:iacbtmembers@gmail.com); [www.iacbt.org](http://www.iacbt.org)**