



INDIAN ASSOCIATION FOR COGNITIVE BEHAVIOR THERAPY (IACBT)

www.iacbt.org

REGISTERED UNDER THE SOCIETIES REGISTRATION ACT XXI OF 1860

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

PERMANENT MEMBER OF THE ASIAN CBT ASSOCIATION (ACBTA)

MEMBER OF THE WORLD CONFEDERATION FOR CBT (WCCBT)

MEMBERSHIP REGISTRATION / RENEWAL FORM

TYPE: **PROFESSIONAL** ☐ **AFFILIATE** ☐ **LIFE** ☐ **STUDENT** ☐ **INSTITUTIONAL** ☐

Name: Dr/Ms/Mrs/Mr _____ (BLOCK LETTERS)

Age: _____ {years} DOB : _____ {dd/mm/yyyy}

Correspondence Address: _____

Pin code:

Designation & Affiliation: _____

AFFIX PHOTO

Adhaar Number: _____ PAN No. _____

Phone / Landline: _____ (with STD & Country code)

Mobile: _____ WhatsApp: _____

E-mail: _____

IACBT Membership No. : (Only for Renewal applications) _____

EDUCATIONAL QUALIFICATIONS (PLEASE ATTACH RELEVANT CERTIFICATES)

LEVEL	NAME OF QUALIFICATION	PLACE (UNIVERSITY/COLLEGE/INSTITUTE)	YEAR & DURATION
PhD / PsyD			
M.Phil			
Masters (MA, MSc, MSW, MD/DNB)			
Bachelors (BA, BSc, BSW)			
CBT TRAINING (attach details)			
OTHERS (please specify)			

Last updated: August 2023

PROFESSIONAL EXPERIENCE

TYPE	Teaching	Training & Supervision	Clinical Practice	Research & Innovation	Any Other
YES/NO					
DURATION					
INSTITUTION (Attach details of experience)					

DECLARATION

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 DETAILS**

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 payment Receipt, Membership form, passport size photo, relevant certificates and updated CV to be e-mailed to 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)**CONTACT:**

M: 9953681570 (WhatsApp), 8287804056; iacbtmembers@gmail.com; www.iacbt.org