

IAPP 2025

Registration Form



Last

Middle

First

Name

Date of Birth / / Gender M ☐ F ☐

Address

District

State Pin/Zip/Post Code

Country

Contact numbers (with STD Codes)

Mobile Resident/Office

E-mail

Qualifications

*State Council Reg. No. *IAPP Membership No.

Accompanying 1. Age

Persons 2. Age

*Details marked with asterisk is mandatory

Registration mandatory for all attendees

Registration payment to be drawn in favor of: Account

Name: Indian association of Private Psychiatry Bank

Name: Bank of Baroda

Account Number: 12990100011150

IFSC Code: BARB0DBDHEB

Branch: DHEBAR BHAI ROAD , RAJKOT , 360001

Completely filled Registration form & Payment Screenshot will be sent to

Dr Mrugesh vaishnav, +91 98257 67565

Dr. ACHYUT TRIVEDI , 9001796151

Note - No cheques & DD will be accepted . After completing the registration form , Please share

number.

Registration Fees Details

| | |
|--------------------------|------|
| IAPP Member Accompanying | 590₹ |
| IAPP Member | 590₹ |
| Non IAPP Member | 590₹ |
| Accompanying Non IAPP | 590₹ |
| Member | 590₹ |
| Student | 590₹ |
| Corporate Registration | 590₹ |

All figures in INR, figures are
(GST included)

**For Any Query -
Contact**

Organising Secretary

Dr Achyut Trivedi

Mobile: +91 9001796151



SCAN TO PAY
WITH ANY BHIM UPI APP



Merchant Name : INDIAN ASSOCIATION OF PRIVATE PSYCHIATRY

vpa : india98242150@barodampay



Scan this QR code for payment

Note - Once the Registration form and it's payment is completed share the information regarding its completion on t' number.

Dr . Achyut Trivedi - 9001796151
Dr. Mrugesh vaishnav - +91 98257 67565