

CONTACT DETAILS - Please complete using BLOCK CAPITALS and black ink

QUALIFICATIONS - Please list here any degrees you hold or expect to obtain at the end of your present period of study. Please give them in date order, starting with the earliest.

[illegible]

Statement of Purpose *(few lines about why you want to join IAHP?)***DECLARATION**

The Application Pack should contain,

1. Signed & hand written Application Form
2. One photograph (pinned up / attached in email)
3. Photocopy of the last passed Degree Certificate

I declare that the information given in this form and any supporting documentation is true and accurate. If accepted, I agree to comply with the Charter, Statutes, Rules, Regulations and Code of Conduct of IAHP from time to time in force. I understand that IAHP is a not for profit and non registered association of of mental health professionals around the world.

Signed: _____ Date: ____/____/____

If you have any queries regarding your application: E-mail info@iahp.in

Online Submission- Email scanned copies to iahp.doc@gmail.com
(Scanned application form & certificate copy with a photo)