Reasonable care will be taken of all materials sent as evidence but the Society shall not be responsible for loss or damage.

Candidates should read carefully the instructions for applicants.

**FOR OFFICE USE ONLY.**

Date of receipt : Date of acknowledgment: Life Membership No. : Add. Subscription if any:

Decision :

President’s Signature :

**CATEGORY :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TITLE OF THE PORTFOLIO :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Not more than 5 words.)

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The Photographic Society of India

195, Saheb Building, 5th Floor, Dr. D.N. Road, Fort, Mumbai- 400 001,

email : 1937psi@gmail.com, Landline : 022-22664296, 2249629987 Mobile : 7208481737

# APPLICATION FOR LICENTIATESHIP

1. Full Name (In Block Letters) :
2. Address, email, mobile number :
3. Titles, degrees, diplomas, if any. : (Copies of Certificates to be enclosed)
4. Date of birth :

(Evidence to be produced if asked for)

1. Occupation :
2. Has an application for the Licentiateship :

 been made before and if so, give details.

7. Is the evidence entirely unaided :

 work of the applicant? If not, give details

 of the extent of participation from other sources

 inclusive of supervision or guidance.

1. Any other information which the applicant: would like the panel of judges to consider

In support of the application

 Payment details are as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I declare that all statements made in this application are correct.

 I have read the Rules and Regulations of the P S I relating to the award of the Licentiateship and I hereby agree to abide by them.

 Date:

 Place:

 Note: Wherever space is not sufficient, additional sheets may be attached. Applicant’s Signature.