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I.M.A ACADEMY OF MEDICAL SPECIALITIES

(Under the auspice of India Medical Association)
Head quarters:
I.M.A HOUSE, INDRPRASTHA MARG, NEW DELHI – 10002

APPLICATION FORM MEMBERSHIP

The Honorary Secretary,
I.M.A Academy of Medical Specialities,
I.M.A House, Indraprastha marg,
New Delhi – 110002

Membership Proposed by
Dr. _____
Branch _____
State _____

HEADQUARTERS COPY

(Please print or write clearly)

Dear Sir,

I hereby apply to be elected a Member / Associate Member / Overseas Member/Life Member of I.M.A Academy of Medical Specialities. My particulars are as given here after.

I am a member of the Indian Medical Association:
(A) I.M.A Member ofBranch (Under.....I.M.A. Member No.....
State/Territorial Branch). Since.
(B) Direct Member of the State/Territorial Branch). Since.....
(C) Direct Member of the Headquarters. Since.....
(D) Attached Member of the Headquarters. Since.....

I have read the Rule & Bye-Laws of the I.M.A Academy of Medical Specialities and, if elected as a member, I agree to abide by the same.

Place.....

Date.....

.....

signature of the applicant

(Please strike of the categories not applicable)

- 1. Name in Full
(Block Letter).....
- 2. Date of Birth..... 3. Sex.....
- 3. Name of Father/Husband.....
- 4. Mailling Address.....

5. Qualifications:

Degree/Diploma	University /Institution	year Obtained
(I).....
(II).....
(III).....

PLEASE ENCLOSE PHOTOCOPIES OF DEGREE POST GRADUATE & DIPLOMA/DEGREE

6. Registration:

Number	Name of Medical Council	Date
(I)
(ii)

7. Experience:

Designation	Institution	Period: From To
(i)
(ii)
(iii)

8. Research Experience:

.....

If the space provided under any item is inadequate use additional sheets/s

12. (A) Membership of Medical Associations:

(a) National (b) International

(1) (1)

(2) (2).....

(B) Membership of other Organisations:

.....
.....

13. Prizes. Medals. Awards etc.

(i) Under-graduate level: (a)

.....
(b).....

(ii) Post-graduate level: (a).....

(b)

(iii) After Post-graduate Qualifications: (a)

(b).....

National or International awards:

(a)

(b)

14. (a) Civilian :

(b) Military :

15. Publications:

	Title	Name of co-author's if any	Name & issue of journal's
(i)
(ii)
(iii)

16. Any other information :

.....
.....

Recommended and forwarded to Honorary Secretary, I.M.A. Academy of Medical Specialities, I.M.A House, Indraprastha Marg, New Delhi – 110002 for necessary action.

.....Honorary Secretary

.....Honorary Secretary

.....Branch Chapter

.....State Chapter

Date

FOR HEADQUARTERS USE ONLY

Application received on

Category of Membership applied for:

- MEMBER / ASSOCIATE MEMBER / OVERSEAS MEMBERS / LIFE MEMBER

Membership approved on

Membership No.....

Honorary Secretary
I.M.A. Academy of Medical Specialities