



Fax : 91-11-23379470, 23379178
Telegram : "INMEDIC" NEW DELHI

Telephones : 23370009, 23378819
23378680, 23370473

I.M.A. ACADEMY OF MEDICAL SPECIALITIES

(Under the auspices of Indian Medical Association)

Headquarters :

I.M.A. HOUSE, INDRPRASTHA MARG, NEW DELHI-110002

APPLICATION FORM FOR 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 of Branch (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

● (Please strike of the categories not applicable)

Signature of the applicant

1. Name in Full
(Block Letters)
2. Date of Birth 3. Sex
4. Name of Father/Husband
5. Mailing Address

6. Qualifications :

Degree/Diploma	University/Institution	Year Obtained
(i)
(ii)
(iii)

PLEASE ENCLOSE PHOTOCOPIES OF DEGREE POST GRADUATE & DIPLOMA/DEGREE

7. Registration :

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

8. Experience :

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

9. Research Experience :

.....
.....

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

P.T.O.

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 MEMBER/LIFE MEMBER

Membership approved on.....

Membership No.....

Honorary Secretary

I.M.A. Academy of Medical Specialities