

## IMA ACADEMY OF MEDICAL SPECIALITIES H.QRS

(Under the auspices of Indian Medical Association)
Headquarters: I.M.A. Building, Esamia Bazar, Hyderabad-500 027
Tel: 040-24740015; Email: <a href="mailto:imaamshyd@gmail.com">imaamshyd@gmail.com</a>
website: https://ima-ams.org

## **APPLICATION FORM FOR LIFE MEMBERSHIP**

Photo

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 given below:

(A) IMA Membership No.  (B) State Branch Direct Member.  (C) Proposed by  I have read the Rule & Bye-Laws of the I.M.A. Academy of Medical Specialities and, if elected as a member, agree to abide by the same.  Place	m a ı	member of the Indian Medical A	association:	
C) Proposed by	(A) I	IMA Membership No		
I have read the Rule & Bye-Laws of the I.M.A. Academy of Medical Specialities and, if elected as a member, agree to abide by the same.  Place	(B) S	State	Branch	Direct Member
agree to abide by the same.  Place	(C) I	Proposed by		
Signature of the applicant  1. Name in Full (Block Letters)	agre		of the I.M.A. Academy of Medical Spec	ialities and, if elected as a member, I
Signature of the applicant  1. Name in Full (Block Letters)	Place	e		
Signature of the applicant  1. Name in Full (Block Letters)	Date			
1. Name in Full (Block Letters)				
(Block Letters)				Signature of the applicant
2. Date of Birth	1.	Name in Full		
5. Postal Address		(Block Letters)		
6. Land Line No	2.	Date of Birth3. S	ex 4. Name of Father/Hus	sband
6. Land Line No	5.	Postal Address		
7. Email ID				
9. Name of the Bank	6.	Land Line No	Mobile No	
Total 295/- in favour of "IMA AMS" payable at Hyderabad.  Qualifications:  Degree/Diploma University/Institution Year Obtained  i	7.	Email ID	8. Demand	Draft No
Qualifications:         Degree/Diploma       University/Institution       Year Obtained         i.	9.	Name of the Bank	(The Life Membersh	ip fee of Rs. 250 +45 (18% GST)
Degree/Diploma University/Institution Year Obtained  i		Total 295/- in favour of "IMA AMS	" payable at Hyderabad.	
i	Q	ualifications:		
ii		Degree/Diploma	University/Institution	Year Obtained
Please enclose photo copies of IMA Membership/Degree, Post Graduate & Diploma/Degree/copy of MCI registration  11. Experience:  Designation Institution Period: From To  i		i		
11. Experience:  Designation Institution Period: From To  i		ii		
Designation Institution Period: From To i	Pleas	se enclose photo copies of IMA Memb	pership/Degree, Post Graduate & Diplom	na/Degree/copy of MCI registration
Designation Institution Period: From To i	11 E	vnarianca:		
i	11. E	•	Institution	Period: From To
		If the s	space provided under any item is in	adequate use additional sheets/s

12.	(a) Membership of Medical Associations:			
	National/International	1		
		2		
	(b) Membership of other Organisations:	1		
		2		
13.	Prizes, Medals, Awards etc.			
	Under-graduate/PG/After PG Level	1		
		2		
	National or International awards:	1		
		2		
14.	Publications:			
	Title Name of co	o-authors if any	Name & Issue of Journals	
15.	Any other information:			
Rec	commended and forwarded to the Honorary	Secretary, I.M.A. Ad	ademy of Medical Specialities, I.M.A.	
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Bull	ding, Esamia Bazar, Koti, Hyderabad – 500	1027, Telangana.		
	Honorary Secretary		Honorary Secretary	
	Branch Chapter		State Chapter	
Date	e			
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	FOR HEAD	QUARTERS USE ONL	Υ	
App	lication received on			
Cat	egory of Membership applied for:			
MEI	MBER / ASSOCIATE MEMBER/ OVERSEA	AS MEMBER / LIFE	MEMBER	
Mer	mbership approved on			
Mer	mbership No			

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

Quarters, Hyderabad

Please strike out whatever is not applicable.