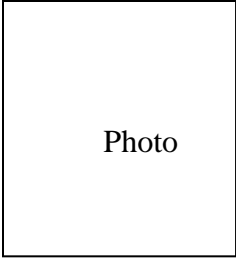




IMA ACADEMY OF MEDICAL SPECIALITIES H.QRS

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



APPLICATION FORM FOR LIFE MEMBERSHIP

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:

I am a member of the Indian Medical Association:

(A) IMA Membership No.....

(B) StateBranch.....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, I agree to abide by the same.

Place.....

Date.....

.....
Signature of the applicant

- 1. Name in Full
(Block Letters).....
- 2. Date of Birth..... 3. Sex..... 4. Name of Father/Husband.....
- 5. Postal Address.....
.....
- 6. Land Line No Mobile No.....
- 7. Email ID..... 8. Demand Draft No.....
- 9. Name of the Bank..... (The Life Membership fee of Rs. 250 +45 (18% GST)

Total 295/- in favour of “IMA AMS” payable at Hyderabad.

Qualifications:

	Degree/Diploma	University/Institution	Year Obtained
i.
ii.

Please enclose photo copies of IMA Membership/Degree, Post Graduate & Diploma/Degree/copy of MCI registration

11. Experience:

	Designation	Institution	Period: From To
i.
ii.

_____ If the space provided under any item is inadequate 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-authors if any	Name & Issue of Journals
.....
.....

15. Any other information:

.....

.....

Recommended and forwarded to the Honorary Secretary, I.M.A. Academy of Medical Specialities, I.M.A. Building, Esamia Bazar, Koti, Hyderabad – 500027, Telangana.

..... 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.....

Quarters, Hyderabad

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

Please strike out whatever is not applicable.