



IMA ACADEMY OF MEDICAL SPECIALITIES

(Under the auspices of Indian Medical Association)

HEAD QUARTERS

2nd Floor, I.M.A. Building, Esamia Bazar, Koti
Hyderabad-500 027, Telangana.

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Website: www.ima-ams.org

Photo

APPLICATION FORM FOR LIFE MEMBERSHIP

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 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.....
.....PIN:
6. Land Line NoMobile No.....
7. Email ID..... 8. Demand Draft No & Date:.....
9. Name of the Bank..... (The Life Membership fee of Rs. 1000/- To be drawn in favor of "IMA AMS" payable at Hyderabad)

10. 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:

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Recommended and forwarded to the Honorary Secretary, I.M.A. Academy of Medical Specialities, 2nd Floor,
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.....

Hyderabad

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

Please strike out whatever is not applicable.