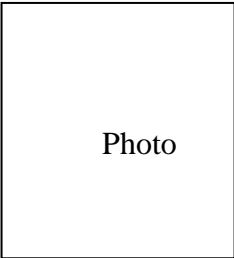


# IMA ACADEMY OF MEDICAL SPECIALITIES H.QRS



(Under the auspices of Indian Medical Association)  
 Headquarters: I.M.A. Building, Esamia Bazar, Hyderabad-500 027  
 Tel: 040-24740015; Email: [imaamshyd@gmail.com](mailto:imaamshyd@gmail.com)  
 Fax: 040-24740015; website: [www.ima-ams.org](http://www.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) 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, 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. 1000/-)

**Qualification:**

	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.	.....	.....	.....

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

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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.....

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

**Please strike out whatever is not applicable.**