

# IMA ACADEMY OF MEDICAL SPECIALITIES



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

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:

.....  
.....

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

..... 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.