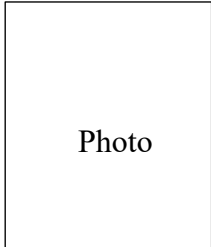


# IMA ACADEMY OF MEDICAL SPECIALITIES HQRS



(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) Date .....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 Number. / UPI/UTR/RRN/NEFT/IMPS Number  
 .....

**( DD/online payment in favour of: Bank account : Indian Medical Association AMS, A/C No. 75260100001890, Bank: Bank of Baroda, Branch: Ramnagar, Coimbatore, IFSC Code: BARB0RAMNAG (Fifth Character Zero).**

### 8. Qualifications:

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

**( Please attach 2 Passport size photos, copy of IMA Membership, UG & PG/Post Graduate Diploma course certificate copies & MCI registration certificate copies of UG, PG/Post Graduate Diploma).**

### 9. Experience:

	Designation	Institution	Period: From To
i.	.....	.....	.....
ii.	.....	.....	.....

10.(a) Membership of Medical Associations: 1.....  
National/International 2.....

(b) Membership of other Organisations: 1.....  
2.....

11. Prizes, Medals, Awards etc. 1.....  
Under-graduate/PG/After PG Level 2.....

12. National or International awards: 1.....  
2.....

13. Publications:

Title	Name of co-authors if any	Name & Issue of Journals
.....	.....	.....
.....	.....	.....

14. Any other information:

.....  
.....

Recommended and forwarded to the Honorary State Secretary, IMA Tamilnadu State Hqrs,  
Doctors Colony, Via — Bharathi Nagar First Main Road Tambaram West, Chennai - 600 045.

..... Honorary Secretary, Branch Chapter

Date:.....

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

..... Honorary State Secretary, 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 Specialties  
Head Quarters, Hyderabad

**Documents to be attached:**

1. MBBS & PG/PG Diploma Certificate copies
2. Medical Council Registration Certificate copies of UG and PG/PG Diploma
3. IMA Life Membership Certificate copy
4. Passport size colour photo-2.
5. AADHAR copy
5. Mode of payment for the AMS life membership

THE FEE FOR THE AMS LIFE-MEMBER IS Rs.1,072/- BY DD or ONLINE

Account No. **75260100001890**, NAME OF THE ACCOUNT :**Indian Medical Association AMS**

NAME OF THE BRANCH : **Bank of Baroda, Ramnagar, Coimbatore Branch, IFSC Code: BARBORAMNAG (Fifth Character Zero).**

**FILLED FORM IS TO BE SEND TO THE ADDRESS ALONG WITH DD:**

DR.S. KARTHICK PRABHU,  
Honorary State Secretary,  
IMA TAMIL NADU STATE OFFICE,  
No.1, DOCTOR'S COLONY 2<sup>nd</sup> Street, BHARATHIDASON NAGAR EXTN.  
TAMBARAM WEST, CHENNAI-6000045.  
Tel: 044-47797871 Cell: 9087180123  
EMAIL: imatamilnadu@gmail.com