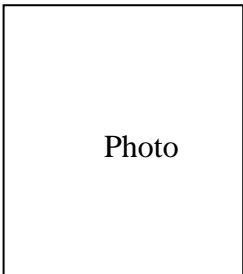


IMA ACADEMY OF MEDICAL SPECIALITIES H.QRS



(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>

PROFORMA-NOMINATION FOR FELLOWSHIP IMA ACADEMY OF MEDICAL SPECIALITIES



Ref. No. A-1/Academy/Fell.

The Honorary Secretary,
I.M.A. Academy of Medical Specialities,
105, I.M.A. Building, 2nd Floor, Koti,
Esamia Bazaar, Hyderabad – 500027.

| |
|-----------------------|
| Membership No. |
| IMA |
| IMA AMS..... |

We have great pleasure in nomination Dr. _____

Address: _____

Mob: _____ Land Line No: _____

Email ID: _____

For Fellowship of the Academy and a life member of the Academy.

His Particulars are appended as under :-

1. Up-dated Bio-data of the candidate (One Copy) as per our proforma enclosed.
2. Membership Certificate from the branch of IMA of which he is a member.
3. Bank Draft No. _____ drawn on _____ Bank (Fee: Rs. 7500/-) enclosed.

Proposed By:

Signature _____

Fellow of IMA AMS

Name: _____

Address: _____

Seconded by:

Signature _____

Fellow of IMA AMS

Name: _____

Address: _____

Note: A fellow can propose only one nomination in a year

The particulars given above are correct to the best of my knowledge.

Branch Chapter Secretary

Signature

State Chapter Secretary

Signature

TO BE FILLED BY THE NOMINEE

I agree to my nomination being considered by the "IMA ACADEMY OF MEDICAL SPECIALITIES" for award of its Fellowship.

I affirm that the decision of the Academy in this regard shall be final and is acceptable to me.

Signature: _____

Name (in capital): _____

TO BE FILLED BY IMAAMS SECRETARIAT

- Nomination _____ along with all relevant documents and bank draft.
- Recommendation of the Credential Committee: Approved/Keep Pending/Not Approved
- Final recommendation of the Governing Council IMA AMS: Nomination accepted/Not accepted

Honorary Secretary
IMA Academy of Medical Specialities

Dated:

(INCOMPLETE FORMS WILL NOT BE ENTERTAINED)

PROFORMA

(TO BE FILLED BY THE NOMINNE FOR AWARD OF IMAAMS FELLOWSHIP)

1. Name : Dr.....
2. Designation:
3. Date of Birth:.....
4. Qualifications:

| Name of College | University | Year |
|-----------------|------------|------|
| i) | | |
| ii) | | |
| iii) | | |
5. Institutions attached:
6. Membership and Fellowship of the various Scientific Societies
(Kindly attach photocopy of each membership/Fellowship certificate)
7. I.M.A. Activities
 - i) Office bearers of the Local Branch IMA/State/Sub-Faculty, IMA CGP
 - ii) Office Bearers of the State
 - iii) Office Bearers of the Headquarters
 - iv) Office Bearers of the Branch Chapter, IMA AMS
 - v) Office Bearers of the State Chapter, IMA AMS
8. Participation in the Academic Programmes in the IMA:
 - i) Attended the Conference organized by Local Branch/IMACGP and State Chapter of Academy Year

ii) Delivered Lectures in the Local Branch/ IMA CGP and State Chapter Academy

iii) National Conference attended:

9. Awards received (copy of Certificates)

Name of Award

Year

i)

ii)

iii)

10. Social Service rendered
Name of Organisation

Date when held

Certificate/ Award(if so attach copies)

i)

ii)

iii)

11. Publication (No. of Publications)

(Kindly mention the details of your publications as per bibliography given in the Annals of IMA Academy of Medical Specialities)

.....

Signature

Dr. _____