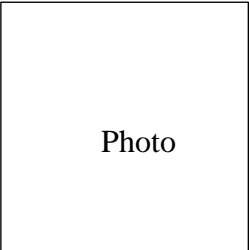


# IMA ACADEMY OF MEDICAL SPECIALITIES HQRS



(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 Specialties. 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 Specialties 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. PostalAddress.....  
.....  
.....

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: Theni, IFSC Code: BARB0THENIX (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 certificate copies, / MCI registration of UG, PG/Post Graduate Diploma, Aadhar copy).

### 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 — Bhrathi Nagar First Main Road & Jothi Nagar 9‘Street, Off. Mudichur Road TambaramWest, 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 .....

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**FOR HEADQUARTERS USE ONLY**

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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

**Require Documents:**

1. MBBS & PG Diploma Certificates
2. MCI Registration Certificate for UG and PG (TNMC REGISTRATION)
3. IMA Life Membership Certificate
4. Passport size colour photo-2.
5. Aadhar Card
5. Mode of payment for the AMS life membership

THE FEE FOR THE AMS LIFE-MEMBER IS Rs.1,000/- BY DD or ONLINE

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

NAME OF THE BRANCH : **Bank of Baroda, Theni Branch, IFSC Code: *BARBOTHENIX (Fifth Character Zero)*.**

**INSTRUCTIONS FOR THE IMA,LOCAL BRANCHES,PRESIDENT AND SECRETARY,  
FILLED FORM IS TO BE SEND TO THE ADDRESS ALONG WITH DD:**

DR.N.R.T.R.THAGARAJAN,  
Honorary State Secretary,

IMA TAMIL NADU STATE HQRS,

DOCTOR'S COLONY , VIA-BHARATHI NAGAR,1ST MAIN ROAD & JOTHI

NAGAR 9TH STREET, OFF.MUDICHUR ROAD,

TAMBARAM WEST,CHENNAI-6000045.

Cell: 9087180123

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