

# 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)



## APPLICATION FORM FOR LIFE MEMBERSHIP

Photo

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..... (To be drawn in f/o **IMA AMS** payable at Hyderabad)

10. **Qualifications:**

Degree/Diploma	University/Institution	Year Obtained
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i. ....	.....	.....
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ii. ....	.....	.....
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Please enclose photo copies of IMA Membership/Degree, Post Graduate & Diploma/Degree/copy of MCI registration

11. **Experience:**

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

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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 .....

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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 Specialities  
Head Quarters, Hyderabad

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