



APPLICATION FORM FOR MEMBERSHIP (MAMS)

The undersigned Fellow of the National Academy of Medical Sciences (India) respectively propose and second the herein-named Nominee for election as a MEMBER to the Academy.

DETAILS OF APPLICANT

Name (in Block Letter)	
First Name	
Middle Name	
Last Name	
Date of Birth	
Age in Years	
Sex	
Designation	
Mailing Address	
Email	
Specialty with Code No	
Group	
Applying first time	Yes/No

QUALIFICATIONS

SNo.	Qualification	Year	Subject	University/ Institution	Registration Number where applicable
1.	MBBS / BDS / BSc				
2.	Postgraduation Qualification(s) (MD/ MS/ M.Sc/ M.Phil./ MDS/ MPH/ or equivalent)				
3	Post Doctorate DM, MCh, PhD, D.Phil. or equivalent*				
4	DSc or equivalent*				
5	Membership of NAMS	Yes/No			
6	DNB qualified	Yes/No			



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* No honorary degree should be written

PROPOSER DETAILS

Proposer Signature (NAMS Fellow)	
Name (in Block letter)	
Mailing Address	
Contact Number:	
E Mail:	
Date on which the proposer made it	
FAMS code number*	
Year of FAMS	
Speciality of the Proposer	
Number of persons proposed in the current year \$	

SECONDER DETAILS

Secunder Signature (NAMS Fellow)	
Name (in Block letter)	



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Mailing Address	
Contact Number:	
E Mail:	
Date on which the seconder made it	
FAMS code number*	
Year of FAMS	
Speciality of the Seconder	
Number of persons proposed in the current year \$	

\$ only 5 names can be proposed by each NAMS fellow in a year

* The FAMS code number can be checked on NAMS Website: www.nams-india.in

Statement about the Candidate is to be written by the Proposer: (not to exceed 200 words)

(While writing about the Candidate the proposer of the Candidate must also mention the Candidate's primary research field, other research areas and any significant scientific contribution.)

Sample Form (Not to be filled)



APPLICATION FORM FOR MEMBERSHIP (MAMS)

(Undertaking by theCandidate)

The Secretary
National Academy of Medical Sciences (India)
NAMS House, Ansari Nagar, Mahatma Gandhi Marg, New Delhi-110029
Sir,

I _____ (Full name in Block letters)
son/daughter of _____ Agree to be admitted to the National Academy of
Medical Sciences as a MEMBER if elected under the Rules & Regulations as they now stand OR as they may be hereafter
legally modified.

My Contact details are as below:

1	Address for correspondence	
	District	
	State	
	Country	
	Pin code	
2	Permanent Address: House number	
	District	
	State	
	Country	
	Pin code	
3	Nationality	
4	Mobile number	
	Mobile Registered (for all communication)	
5	Email	
	Email Registered (for all communication)	
	Alternate	



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6	Details of Pan Card	
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I further certify that there is no proven case against me for any indiscipline by the association, society or the Institution or ethical misconduct in research or research publication.

Signature of Applicant with date

Sample Form (Not to be filled)

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)



SAMPLE FORM

APPLICATION FORM FOR MEMBERSHIP (MAMS)

(To be filled in the Office of the Academy)

S.No. of the Proposal _____

Date of receipt of the Proposal _____

Secretary

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

Sample Form (Not to be filled)



APPLICATION FORM FOR MEMBERSHIP (MAMS)

DETAILS OF CANDIDATE

Please upload all supporting documents for which marks have been requested.

A. ACADEMIC POSITIONS (MAX-10 MARKS)

	Designation	From	To	Duration (Year-months)	Department	Name of Institute
1	Assistant Professor/ Lecturer / equivalent Scientist grade of B,C,D of ICMR /equivalent Army Designation of teaching in a MCI/NMC recognised army hospital for teaching & Training of MBBS or Post graduate students please attach documentary evidence (Marks 5 for each completed year)					

Sample Form (Not to be filled)



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2	Associate Professor/ Reader, equivalent Scientist grade of E & F of ICMR / equivalent Army Designation of teaching in a					
	MCI/NMC recognised army hospital for teaching & Training of MBBS or Post graduate students please attach documentary evidence (Marks 4 for each completed year)					

Sample Form (Not to be filled)



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3	Additional Professor/ Professor, equivalent Scientist grade of G of ICMR / equivalent Army Designation of teaching in a MCI/NMC recognised army hospital for teaching & Training of MBBS or Post graduate students please attach documentary evidence (Marks 5 for each completed year)					
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B. ADMINISTRATIVE POSITION (2.5 FOR EACH, MAX MARKS 5)

	Designation	From	To	Name of Institute / University
1	Unit/section head			
2	I/C department facility			
3	I/C of institute facility			

C. EDITORIAL RESPONSIBILITY (3 MARKS FOR EACH EDITOR/ ASSOCIATE EDITOR & 1 FOR MEMBER OF EDITORIAL BOARD, MAX MARKS-10 ONLY FOR INDEX JOURNALS)



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		From	To	Name of the Journal	Average (if more than one year) Impact Factor of Journal (of the year responsible)
1	Editor / AssociateEditor				
2	Member Editorial Board				

D.INTERNATIONAL AWARDS/FELLOWSHIP (2.5 MARKS FOR EACH, MAXIMUM-5)

SN	Name of award	Year	Name of Professional Organization Awarded
1			
2			

E.NATIONAL AWARDS (MAXIMUM-20 MARKS)

SN	Name of award	Year	Professional Organization



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1	ICMR(Other than BC Roy Award), MCI, NMC, Society awards, NAMS, Military awards (awards by the three chiefs/ CDS/ Paramilitary forces awards) etc. (2 marks for each)		
2	BC Roy, SS Bhatnagar, Military Awards (PVSM, AVSM, VSM, PVC, MVC, VC, SC, Paramilitary forces awards, others) (5 marks for each)		
3	Orations and Fellowship (2 marks for each)		

EXTRAMURAL RESEARCH GRANT AS PRINCIPAL INVESTIGATOR(2.5 MARKS FOR EACH, MAXIMUM-10)

SN	Title of project	Source of Funding	Total Fund amount	From	To
1					
2					
3					
4					



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G. ALL PUBLICATIONS IN LAST 10 YEARS AS FIRST OR CORRESPONDING AUTHOR IN CHRONOLOGICAL ORDER AND SHOULD INCLUDE AS PER VANCOUVER STYLE (MAX. MARKS-10)

	List 10 best papers*	Citation Index	First or Corresponding Author
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

* Please attach reprint of the articles

H. AUTHORSHIP (MAX MARKS – 5)

SN	Title of Book/ Chapter in Book	Name of Publisher	ISBN No	Year
	Editor of book / Monograph (2.5 mark for each)			
1				
2				



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	Chapters in Textbook (1 mark for each)			
1				
2				
3				
4				
5				

I. PATENTS WITH DETAILS (2.5 MARKS FOR EACH PATENT, MAXIMUM 5)

	Details of Patent	Year	Where
1	Filed/ Published (1.0 Mark)		
2	Granted (2.5 Mark)		

J. CONFERENCE ORGANIZATION AS PRESIDENT / SECRETARY OF ORGANIZING COMMITTEE OF SCIENTIFIC SOCIETY / PROFESSIONAL ASSOCIATION (2.5 MARKS FOR EACH, MAX. 10)

	Name of conference / Society	Title (Organizing Secretary)	Year / Period
	Conference / Symposium / CME / Workshop		
1			
2			
3			



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4			
	President or Secretary of Scientific Societies /National Professional Association		
1			
2			
3			

K. MEMBER OF ADVISORY BOARD, EXPERT GROUP, VARIOUS COMMITTEES (TASK FORCE, NATIONAL SCIENTIFIC COMMITTEE), VISITING PROFESSOR (1 MARK FOR EACH, MAX.5)

	Name of body /group	Name of Position held	Name of Organisation	Year / Period
	Membership of ICMR-Scientific Advisory Board, Scientific Advisory Group, Expert Groups, or of the corresponding Committees of CSIR/DST/DBT/UGC/Others			
	Member of Academic Council/Academic Committee or other decision-making academic bodies of Universities/ Academics/Institutes of National importance			
	Consultancy with any UN/International organization/			
	Visiting Professor of a Government University			



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	WHO Temporary Adviser (or served in a similar capacity with any other UN Organisations)			

L. SERVICE TO COMMUNITY (1 MARK FOR EACH, MAX. MARK-3)

	SERVICE TO COMMUNITY and contribution to the specialty (Please provide details of each with official Proof)	No of persons benefited	Duration		Proof letter attached Flagged and numbered
			From	To	
	Exceptional service in Rural areas/Fieldwork/ natural calamity/ Community work outside the domain of assigned responsibility				
1					
2					
	Community-based health education (Articles for the general public in magazines, newspapers, health talks, books, manuals)				
1					
2					
	Community-based health systems research (Diseasespecific, operational research)				
1					
2					
	Delivery of health care to people living in underserved Rural, Tribal or Urban slum population				
1					



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2					
	Participation in National Health Program				
1					
2					

M. SERVICE TO NATIONAL ACADEMY OF MEDICAL SCIENCES (1 MARK FOR EACH MAX. MARKS-2)

SN		Yes/No	Detailed reference
M-1	Reviewer for annals on NAMS (1 mark for each)		
M-2	Author for article in NAMS Journal (1 mark for each)		
M-3	Organised NAMS Conference/CME/Workshop(1 mark for each)		

M-4 Activities which Candidate would like to undertake for promotion of NAMS (Maximum 300 words)



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Sample Form (Not to be filled)



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APPENDIX – I, COMPOSITION OF GROUPS

**GROUP-A: BASIC MEDICAL SUBJECTS
ALLIED SUBJECTS**

Code No.

- BS 01 Anatomy
- BS 02 Biochemistry
- BS 03 Biomedical Engineering
- BS 04 Biophysics
- BS 05 Biotechnology
- BS 06 Forensic Medicine
- BS 07 Genetics
- BS 08 Haematology
- BS 09 Microbiology
- BS 10 Molecular Biology
- BS 11 Pathology
- BS 12 Pharmacology
- BS 13 Physiology

GROUP-B: MEDICINE AND

Code No.

- MA 01 Anaesthesiology
- MA 02 Cardiology
- MA 03 Clinical Immunology
- MA 04 Pharmacology
- MA 05 Dermatology & Venereology
- MA 06 Endocrinology
- MA 07 Gastroenterology/Hepatology
- MA 08 Internal Medicine
- MA 09 Medical Oncology
- MA 10 Neonatology
- MA 11 Nephrology
- MA 12 Neurology
- MA 13 Nuclear Medicine
- MA 14 Paediatrics
- MA 15 Psychiatry
- MA 16 Radiodiagnosis
- MA 17 Radiotherapy
- MA 18 Respiratory Medicine
- MA 19 Rheumatology
- MA 20 Transfusion Medicine

**GROUP-C: SURGERY AND ALLIED SUBJECTS
MEDICAL ADMINISTRATION**

Code No.

- SA 01 Cardiovascular & Thoracic Surgery
- SA 02 Dental Surgery ~~and Allied disciplines~~
- SA 03 Gastrointestinal Surgery
- SA 04 Neurosurgery
- SA 05 Otorhinolaryngology
- SA 06 Paediatric Surgery
- SA 07 Physical Medicine & Rehabilitation
- SA 08 Plastic Surgery
- SA 09 General Surgery
- SA 10 Surgical Oncology
- SA 11 Obstetrics & Gynaecology
- SA 12 Ophthalmology
- SA 13 Orthopaedic Surgery

**GROUP-D: COMMUNITY HEALTH/
EDUCATION / HOSPITAL**

Code No.

- CHA 01 Biostatistics
- CHA 02 Clinical Epidemiology
- CHA 03 Community Health/Community
Medicine/Social & Preventive Medicine
- CHA 04 General Practice/Family Medicine
- CHA 05 Hospital Administration
- CHA 06 Maternal and Child Health
- CHA 07 Medical Education
- CHA 08 Nutrition
- CHA 09 Occupational and Environmental Health
- CHA 10 Public Health and Health Education
- CHA 11 Health Planning and Health Administration



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SA 14 Urology

Sample Form (Not to be filled)

To be returned duly completed to **The Secretary NAMS House, Ansari Nagar, New Delhi by the due date and time.** Any proposal received incomplete or after the due date will not be included in the List of proposals for that year.

From:

To

The Secretary

National Academy of Medical Sciences (India)

NAMS House,

Ansari Nagar, Ring Road,

New Delhi – 110029

Tel No.: (011) 26588718

Fax No.: (011) 26588992

E-mail: nams_aca@yahoo.com

Website: <http://nams-india.in>

Sample Form (Not to be filled)

Sample Form (Not to be filled)