



## National Academy of Medical Sciences (India)

### Application Form for Election to Associate Membership (Assoc. MAMS)

I, the undersigned (Please Tick any one of them)

- i) Head of Institute/
- ii) Head of Department/
- iii) Head of Unit /
- iv) Fellow of the National Academy of Medical Sciences (India)

propose the following Applicant's application for election as an Associate Member of NAMS.

#### Proposer Form

#### DETAILS OF APPLICANT

Full Name (in Block Letter)	
First Name	
Middle Name (if any)	
Last Name	
Date of Birth	
Age in Years	
Gender	
Designation	
Official Address	
Residential Address	
Mobile No.	
Email	
Specialty Name and Code No. in which MD/MS/MDS/MSc (Biotechnology)/ PhD (Please see Appendix attached)	
PAN card Number	
AADHAR card number	

\_\_\_\_\_  
Name & Signature of Proposer with date



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### DETAILS OF PROPOSER

Name (in Block letter)	
Designation	
Specialty	
Name & Address of institution	
Mobile Number:	
E-Mail:	
If NAMS Fellow (Specify the year of Fellowship)	

While writing about the Applicant, the proposer **MUST** mention that to the best of his/her knowledge, the applicant bears good character and the applicant is a Medical /Dental Scientist who has completed Postgraduate qualification (MD/ MS/ MDS or PhD/MSc Biotechnology) in a single attempt, is eligible for admission to the Associate Membership of the NAMS (India) as per the following criteria:

An applicant has completed Postgraduate qualifications (MD,MS,MDS or MSc Biotechnology/ PhD) in a single attempt and has also Any ONE of the following essential criteria:

- Membership of a National Professional organization in his/her specialty
- Scientific Publication in a scientific journal
- Scientific Presentation at the Annual Scientific Conference of National Professional organization

Space for statement about the Applicant, to be written by the Proposer (**not to exceed 150 words**)

\_\_\_\_\_  
Name & Signature of Proposer with date



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### Undertaking by the Applicant

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

Sir/Madam,

I \_\_\_\_\_ (Full name in Block letters) \_\_\_\_\_  
son/daughter of \_\_\_\_\_ agree to be admitted to the National  
Academy of Medical Sciences (India) as an ASSOCIATE MEMBER of NAMS, 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 Residential Address:	
	House number	
	District	
	State	
	Country	
	Pin code	
3	Nationality	
4	Mobile number(s)	
	Mobile Registered (for all communication)	
	Alternate Mobile Number	
5	Email	
	Email Registered (for all communication)	
	Alternate Email ID	

- i). I further certify that there is no Proven Case against me for any indiscipline by the professional Association/ Society/ Institution or ethical misconduct in research or research publication.
- ii). I also certify that I have completed Postgraduate qualifications (MD,MS, MDS or /MSc Biotechnology/ PhD) in a single attempt and have one of the essential criteria
- a. Membership of a National Professional organization in his/her specialty
  - b. Scientific Publication in a scientific journal
  - c. Scientific Presentation at the Annual Scientific Conference of National Professional organization

I am eligible for admission to the Associate Membership of the NAMS (India).

\_\_\_\_\_  
Name & Signature of Applicant with date



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### DETAILS OF APPLICANT

Please upload all supporting documents (each document file should be less than 500 KB. All documents must be self-attested).

#### 1. QUALIFICATIONS (Please attached Testimonials)

SN	Qualification	Name & complete address of Institution/College	Year of Passing	Sr. No of degree/Roll no	Subjects	Name & complete address of University
1.1	MBBS/BDS					
1.2	Postgraduation Qualification (MD/ MS / MDS or PhD/MSc Biotechnology)					

#### 2.1. REGISTRATION DETAILS OF MBBS/BDS

SN	Council	Year	Number
i	National Medical Commission/ MCI/ Dental Council of India		
ii	State Medical Council/State Dental Council		

#### 2.2. REGISTRATION DETAILS OF MD/MS/MDS

SN	Council	Year	Number
i	National Medical Commission/MCI/ Dental Council of India		
ii	State Medical Council/State Dental Council		

#### 3. ACADEMIC POSITIONS HELD (Please attach Testimonials)

SN	Designation	From	To	Department	Name & complete address of the Institute



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### 4. MEMBERSHIP OF NATIONAL PROFESSIONAL ORGANIZATION (Please attach Testimonials)

SN	Name of National Professional Organization	Specialty	Date of Membership and Membership Number	Supporting document attached

### 5. SCIENTIFIC RESEARCH PAPER PRESENTED IN THE SCIENTIFIC NATIONAL PROFESSIONAL ORGANIZATION (Please attach Testimonials)

SN	Name of National Professional Organization	Specialty	Title of the research paper	Supporting Testimonial attached

### 6. SCIENTIFIC RESEARCH PAPER PUBLISHED IN THE SCIENTIFIC JOURNAL (Please attach Testimonials)

SN	Title of the research paper	Name of Scientific Journal, Vol., Number, Year, Page No. (Vancouver style)	Supporting Testimonial attached

### 7. PAYMENTS DETAILS

Transaction details \_\_\_\_\_ of Payment of Rs.10,000/- (Rs. Ten Thousand Only)

Sr.No.	Payment mode	Transaction ID	Transaction Date	Name of Bank	Amount



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**8. Activities Applicant would like to undertake for the promotion of NAMS academic activities (Maximum 150 words), if elected as Associate Member of NAMS**

Sample Form (Not to be Filled)



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**Application Form for Election to Associate Membership (Assoc. MAMS)**

To be returned duly completed to :

**The Secretary NAMS House, Ansari Nagar, Ring Raod, New Delhi.**

**The duly completed applications are accepted throughout the year.**

From:

To

The Secretary  
National Academy of Medical Sciences (India)  
NAMS House,  
Ansari Nagar, Ring Road,  
New Delhi – 110029

Tel No.: 8527834424

E-mail: [nams\\_aca@yahoo.com](mailto:nams_aca@yahoo.com)

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

(To be filled in the Office of the Academy)

Date of receipt of application by NAMS \_\_\_\_\_

Secretary  
NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)



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### APPENDIX - I COMPOSITION OF GROUPS

#### GROUP-A: BASIC MEDICAL 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 Hematology  
BS 09 Microbiology  
BS 10 Molecular Biology  
BS 11 Pathology  
BS 12 Pharmacology  
BS 13 Physiology

#### GROUP-B: MEDICINE AND ALLIED SUBJECTS

##### 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

##### Code No.

SA 01 Cardiovascular & Thoracic Surgery  
SA 02 Dental Surgery  
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  
SA 14 Urology

#### GROUP-D: COMMUNITY HEALTH/ MEDICAL EDUCATION / HOSPITAL ADMINISTRATION

##### 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