



# INTERNATIONAL MEDICAL SCIENCES ACADEMY (IMSA)

World Head Quarter : 2nd Floor, National Medical Library Building, Ring Road, Ansari Nagar, New Delhi-110 029 India.  
Phone No.-9111 26589660, Tele Fax: 9111 26588226, E-mail: imsaahq06@gmail.com, Website: www: imsaonline.com

## APPLICATION FORM

Contains 3 pages

( PLEASE TICK APPROPRIATE BOX)

Fellowship

Membership

Associate Membership

### Personal details

1. Name: .....  
(As mentioned in the professional degree certificate)

2. Age & Date of Birth: .....

3. Sex: M  F

4. Nationality: .....

5. Address Home: .....

Office: .....

.....

Address (where JIMSA journal is to be delivered ) Office  Home  (Please tick appropriate box)

6. Phone No. Home: ..... Office : ..... Mobile No.: .....  
( with area code)

7. E-mail ID: .....

8. Fax with area code: .....

9. **Eligibility criteria:** Fellowship – 8 years after post graduation with publications  
Membership – On completion of PG Course - with Proof  
Associate Membership – On registration for postgraduate course with proof of Registration

10. Qualifications with dates:.....

.....

11. Reg. No. and name of the registering authority: .....

12. Appointments/Assignments held – Present & Past: .....

Paste  
Photo  
Here

13. List of publications-List enclosed (Please tick) : Yes  No

14. Membership in professional bodies/organizations: .....

.....

.....

15. Any other Achievements : .....

.....

16. Documents required-Enclose self attested copies of certificates (Please tick appropriate box)

- Degree Certificate
- Post Graduate Degree Certificate
- Diploma Certificate
- Any other Certificates - mention
- Two passport size colour photographs
- Curriculum Vitae

16. Referees – Names of two Fellows of IMSA (To be filled by Proposer and Seconder in block letters)

For list of fellows please visit: [www.imsaonline.com](http://www.imsaonline.com)

**PROPOSER DETAILS**

Name: .....PID/SCROLL No. ....

Address: .....

Qualification: .....

E Mail ID: ..... Signature: .....

**SECONDER DETAILS**

Name: ..... PID/SCROLL No. ....

Address: .....

Qualification: .....

E Mail ID: .....

Signature: .....

## Fellowship Pledge

Recognising that the International Medical Sciences Academy(IMSA) seeks to exemplify and develop the highest traditions of the noble profession of Medicine all over the world.

- I hereby voluntarily and unconditionally subscribe whole-heartedly to the aims and objectives of the Academy and to serve mankind through the Academy.
- I hereby pledge myself as a condition of Fellowship in the IMSA to abide by its Constitution, rules and regulations and bye laws, etc.
- Further I pledge myself to work vigorously with enthusiasm in my field of speciality with honesty, dedication and a scientific outlook, to advance constantly in knowledge and to render willingness to help to my brothers and sisters in the profession.
- Last but not least I pledge myself to co-operate in advancing and extending the ideas and principles of the IMSA and to work for Health for All.

Date: .....

Signature: .....

Please enclose demand draft in favour of International Medical Sciences Academy (I.M.S.A.) payable at New Delhi

### Fellowship

Fellowship fee-India Rs. 15000/- (USD 700 for other countries\*)

### Membership

Membership fee – India Rs. 7000/- (USD 500 for other countries\*)

### Associate Membership

Associate Membership fee - India is Rs. 5000/-.( USD 400 for other countries\*)

Besides all Fellows / Members inducted after January 22, 2012 will have to pay Rs.1000/-(National)/USD 50 (for other Countries) as Annual Charges with immediate effect. However this charge is payable after two years of their induction as Fellows / Members into the IMSA Fraternity.

\*(Conditions apply)

### 17. DEMAND DRAFT DETAILS

Bankers Name: .....

Draft No.: ..... Date: .....

Amount: .....



Please return the completed application form to

The Secretary General

International Medical Sciences Academy (IMSA)

2nd Floor, National Medical Library Building, Ring Road, Ansari Nagar, New Delhi - 110029