



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:

.....

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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

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