

# IMA ACADEMY OF MEDICAL SPECIALITIES



(Under the auspices of Indian Medical Association)  
Headquarters: I.M.A. Building, Esamia Bazar, Hyderabad-500 027  
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Photo

## PROFORMA-NOMINATION FOR FELLOWSHIP IMA ACADEMY OF MEDICAL SPECIALITIES

Ref. No. A-1/Academy/Fell.

Date .....

The Honorary Secretary,  
I.M.A. Academy of Medical Specialities,  
105, I.M.A. Building, Esamia Bazaar,  
Hyderabad – 500027.

<b>Membership No.</b>
IMA .....
IMA AMS.....

Dear Sir,

We have great pleasure in nomination Dr. \_\_\_\_\_  
resident of \_\_\_\_\_

For Fellowship of the Academy and a life member of the Academy.

His Particulars are appended as under :-

1. Up-dated Bio-data of the candidate (One Copy) as per our proforma enclosed.
2. Membership Certificate from the branch of IMA of which he is a member.
3. Bank Draft No. \_\_\_\_\_ drawn on \_\_\_\_\_ Bank (payable at Hyderabad)  
for Rs. 5000/- enclosed.

In the name of IMA Academy of Medical Specialities

Proposed By: _____	Seconded by: _____
Signature _____	Signature _____
Fellow of IMA AMS	Fellow of IMA AMS
Name: _____	Name: _____
Address: _____	Address: _____

Note: A fellow can propose only one nomination in a year

The particulars given above are correct to the best of my knowledge.

Branch Chapter Secretary

State Chapter Secretary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

### TO BE FILLED BY THE NOMINEE

I agree to my nomination being considered by the “IMA ACADEMY OF MEDICAL SPECIALITIES” for award of its Fellowship.

I affirm that the decision of the Academy in this regard shall be final and is acceptable to me.

Signature \_\_\_\_\_

Name (in capital): \_\_\_\_\_

Dated: \_\_\_\_\_

Address: \_\_\_\_\_

### TO BE FILLED BY IMAAMS SECRETARIAT

- Nomination \_\_\_\_\_ along with all relevant documents and bank draft.
- Recommendation of the Credential Committee: \_\_\_\_\_ Approved/Keep Pending/Not Approved.
- Final recommendation of the Governing Council IMA AMS: \_\_\_\_\_ Nomination accepted/Not accepted

Honorary Secretary  
IMA Academy of Medical Specialities

Dated: \_\_\_\_\_

(INCOMPLETE FORMS WILL NOT BE ENTERTAINED)

# PROFORMA

(TO BE FILLED BY THE NOMINNE FOR AWARD OF IMAAMS FELLOWSHIP)

1. Name : Dr.....
2. Designation: .....
3. Date of Birth:.....
4. Qualifications:

Name of College	University	Year
i)		
ii)		
iii)		

5. Institutions attached:

6. Membership and Fellowship of the various Scientific Societies

(Kindly attach photocopy of each membership/Fellowship certificate)

7. I.M.A. Activities

- i) Office bearers of the Local Branch IMA/State/Sub-Faculty, IMA CGP
- ii) Office Bearers of the State
- iii) Office Bearers of the Headquarters
- iv) Office Bearers of the Branch Chapter, IMA AMS
- v) Office Bearers of the State Chapter, IMA AMS

8. Participation in the Academic Programmes in the IMA:

- i) Attended the Conference organized by Local Branch/IMACGP and State Chapter of Academy Year
- ii) Delivered Lectures in the Local Branch/ IMA CGP and State Chapter Academy
- iii) National Conference attended:

9. Awards received (copy of Certificates)

Name of Award	Year
i)	
ii)	
iii)	

10. Social Service rendered

Name of Organisation	Date when held	Certificate/ Award(if so attach copies)
i)		
ii)		
iii)		

11. Publication (No. of Publications)

(Kindly mention the details of your publications as per bibliography given in the Annals of IMA Academy of Medical Specialities)

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**Signature**

**Dr.** \_\_\_\_\_