



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:

- 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**

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