



APPLICATION FORM FOR ASSOCIATE-FELLOWSHIP (Assoc.-FAMS)

## SAMPLE FORM

### First login Page

Please enter your Unique ID -

Aadhar Card No. – xxxx-xxxx-xxxx

Mobile No. – xxxx-xxxx-xxxx

Please remember this login credentials for future references

For any query to fill up the form please contact our NAMS Office No. 011-26588718

Or email at [nams\\_aca@yahoo.com](mailto:nams_aca@yahoo.com)

Sample Form (Not to be filled)



APPLICATION FORM FOR ASSOCIATE-FELLOWSHIP (Assoc.-FAMS)

**DETAILS OF APPLICANT**

Name (in Block Letter)	
First Name	
Middle Name	
Last Name	
Date of Birth	
Age in Years	
Gender	
Designation	
Organization Name	
Present Official Address	
Complete Mailing Address including PIN	
Email	
Specialty with Code No	
<b>Group</b>	
Applying first time	Yes <input type="checkbox"/> No <input type="checkbox"/>

**QUALIFICATIONS**

S. No.	Qualification	Year	Subject	University/Institution	Registration Number where applicable
1	MBBS/BDS				
2	Post Graduation (MD/MS/MDS)				
3	Post Doctorate DM., MCh.				
4	Membership of NAMS				



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5	DNB Qualified				
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\* No honorary degree should be written

Sample form for Proposer & Seconder with their Statement page → before filling the form download it from

guidelines page, fill it in advance for uploading

The undersigned Fellows of the National Academy of Medical Sciences (India) respectively propose and second the herein-named for nomination as a Fellow to the Academy

PROPOSER DETAILS

Proposer Signature (NAMS Fellow)	
Name (in Block letter)	
Mailing Address	
Contact Number	
E Mail	
Date on which the proposer made it	
FAMS code number*	
Year of FAMS	
Specialty of the Proposer	
Number of persons proposed in the current year\$	

SECONDER DETAILS

Seconder Signature (NAMS Fellow)	
Name (in Block letter)	
Mailing Address	
Contact Number	
E Mail	



APPLICATION FORM FOR ASSOCIATE-FELLOWSHIP (Assoc.-FAMS)

Date on which the seconder made it	
FAMS code number*	
Year of FAMS	
Specialty of the Seconder	
Number of persons seconded in the current year\$	

\$ only 5 names can be proposed by each fellow in a year

\* The FAMS code number can be checked on NAMS Website: [www.nams-india.in](http://www.nams-india.in)

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Statement about the Applicant is to be written by the Proposer (not to exceed 300 words)

While writing about the Applicant, the proposer of the Applicant must also mention the Applicant's primary research field, other research areas and any other significant scientific contribution.

:

[Upload Load...](#)

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**NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)**



**Year of Application-2024**

**Assoc.-FAMS-0001**

**04.05.2023**

**APPLICATION FORM FOR ASSOCIATE-FELLOWSHIP (Assoc.-FAMS)**

**UNDERTAKING BY  
APPLICANT**

The Secretary,

National Academy of Medical Sciences (India)

NAMS House, Ansari Nagar, Mahatma Gandhi  
Marg, New Delhi-110029

Sir,

I

(Full name in BLOCK letters)

son/daughter of \_\_\_\_\_ Agree to be admitted to the  
National Academy of Medical Sciences as a FELLOW, if selected 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	

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

04.05.2023



Year of Application-2024 Assoc

APPLICATION FORM FOR ASSOCIATE-FELLOWSHIP (Assoc.-FAMS)

2	Permanent Address	
	District	
	State	
	Country	
	Pin code	
3	Nationality	
4	Mobile number	
	Mobile registered (for all communication)	
5	Email	
	Email registered (for all communication)	
6	Aadhar Card No.	

Please upload all supporting documents for which marks have been requested.

I further certify that there is no Proven Case against me for any indiscipline by the association, society or the Institution or ethical misconduct in research or research publication.

Signature of the applicant

Assoc.-FAMS-0001

04.05.2023



## APPLICATION FORM FOR ASSOCIATE-FELLOWSHIP (Assoc.-FAMS)

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Please upload all supporting documents for which marks have been requested.

## PROFESSIONAL EXPERIENCE AND PEER RECOGNITION (MAXIMUM MARKS – 100)

DETAILS OF APPLICANT

## 1. ACADEMIC POSITIONS (4 Marks per year, max-20 marks)

S. No.	Designation	From	To	Duration (Year-months)	Department	Name of Institute
1	Faculty position in medical institution					
2	Consultant in Corporate Hospital					

## 2. EDITORIAL RESPONSIBILITY (4 Marks for each Editor/Associate Editor or 2 Marks for Member of Editorial Board, Max Marks-10)

S. No.	Title	From	To	Name of the Journal	Average Impact Factor of Journal
1	Editor of Journal				
2	Associate Editor				
3	Member of Editorial Board				

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Please upload all supporting documents for which marks have been requested.



**NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)**

**04.05.2023**



**Year of Application-2024 Assoc**

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**3. PATENTS WITH DETAILS (Filed-0.5, Published-1.0, Granted-2, Maximum-5 Marks)**

S. No.	Details of Patent	Year	Where

*Sample Form (Not to be filled)*



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4. INTERNATIONAL AWARDS (5 Marks for each, Maximum-10)

S. No.	Name of award	Year	Name of Organization Awarded

5. NATIONAL AWARDS (Maximum-10 MARKS)

S. No.	Name of award	Year	Name of Professional Organization Awarded
1	ICMR, MCI, NMC, Society awards, NAMS, Military Awards etc. (4 Marks for each)		
2	National Orations and National Fellowships (2 Marks for each)		

6. EXTRAMURAL RESEARCH GRANT AS PRINCIPAL INVESTIGATOR (2.5 MARKS FOR EACH, MAXIMUM-10)

S. No.	Title of project	Source of Funding	Total Fund Amount	From	To



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7. All Publications in last 10 years as First or Corresponding Author in Chronological Order and should include as per Vancouver Style (Max. Marks-20)

S.No.	List of 10 Best Papers*	Citation Index	First of Corresponding Author
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Please provide reprints for each paper.

8. AUTHORSHIP (1 Mark for each chapter, Max. Marks-5)



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Sr No	Title of Book/ Chapter in Book	Name of Publisher	ISBN No	Year

9. NATIONAL/INTERNATIONAL CONFERENCE ORGANISING COMMITTEE AS PRESIDENT / SECRETARY (2 MARK FOR EACH, MAXIMUM 10)

Sr No	Organizer	Name of the Conference	Title (President/Secretary)	Year /Period

Activities which Applicant would like to undertake for of NAMS (Maximum 300 words)



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*Sample Form (Not to be filled)*



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PLEASE UPLOAD ALL SUPPORTING DOCUMENTS WHICH YOU HAVE MENTIONED IN THE FORM

SN	Designation	Name of the document(s) uploaded
1.	Academic position	
2.	Editorial Responsibility	
3.	Patents with Details	
4.	International Awards	
5.	National Awards	
6.	Extramural Research Grant as Principal Investigator	
7.	All Publications	
8.	Authorship	
9.	National/International Conference	

Sample Form (Not to be filled)



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