

SAMPLE FORM

APPLICATION FORM FOR MEMBERSHIP (MAMS)

The undersigned Fellow of the National Academy of Medical Sciences (India) respectively propose and second the hereinnamed Nominee for election as a MEMBER to the Academy.

DETAILS OF APPLICANT

Ν	ame (in Block Letter)					
F	irst Name					\sim
M	fiddle Name				. ~ (
L	ast Name					×
D	ate of Birth					
Α	Age in Years					
S	ex					
D	esignation					
N	failing Address			x	S	
E	mail			<u> </u>		
S	pecialty with Code No					
G	froup					
А	pplying first time Ye	s/No				
QUA	LIFICATIONS					
SNo.	Qualification	0	Year	Subject	University/ Institution	Registration Number where applicable
1.	MBBS / BDS / BSc					
2.	Postgraduation Qualification(s) (MD/ MS/ M.Se/ M.Phil./ MDS/ MPH/ or equivalent)					
3	Post Doctorate DM, MCh, PhD, D.Phil. or equivalent*					
4	DSc or equivalent*					
5	Membership of NAMS	Yes/No				
6	DNB qualified	Yes/No				



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* No honorary degree should be written

PROPOSER DETAILS

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

SECONDER DETAILS

Seconder Signature (NAMS Fellow)	
Name (in Block letter)	



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Mailing Address	
Contact Number:	
E Mail:	c No
Date on which the seconder made it	
FAMS code number*	ろで
Year of FAMS	×O
Speciality of the Seconder	
Number of persons proposed in the current year \$	20

\$ only5 names can be proposed by each NAMS fellow in a year

* The FAMS code number can be checked on NAMS Website: www. nams-india.in

Statement about the Candidate is to be written by the Proposer: (not to exceed 200 words)

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





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(Undertaking by theCandidate)

Natio	Secretary onal Academy of Medical Sciences (Ind IS House, Ansari Nagar, Mahatma Gar	
Ι		(Full name in Block letters)
son/d	aughter of	Agree to be admitted to the National Academy of
		under the Rules & Regulations as they now stand OR as they may be hereafter
•	ly modified. Contact details are as below:	
WIY C	contact details are as below.	
1	Address for correspondence	
	District	
	State	
	Country	
	Pin code	
2	Permanent Address: House number	
	District	
	State	
	Country	
	Pin code	
3	Nationality	
4	Mobilemunibe	
	Mobile Registered (for all communication)	
5	Email	
	Email Registered (for all communication)	
	Alternate	



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6 Details of Pan Card

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.





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(To be filled in the Office of the Academy)

S.No. of the Proposal _____

Date of receipt of the Proposal_____

Secretary . MEDIG MEDIG Sommer of the total of t NATIONAL ACADEMY OF MEDICALAS CES (INDIA)



SAMPLE FORM

A. ACADEMIC POSITIONS (MAX-TO MARKS)

APPLICATION FORM FOR MEMBERSHIP (MAMS)

DETAILS OF CANDIDATE

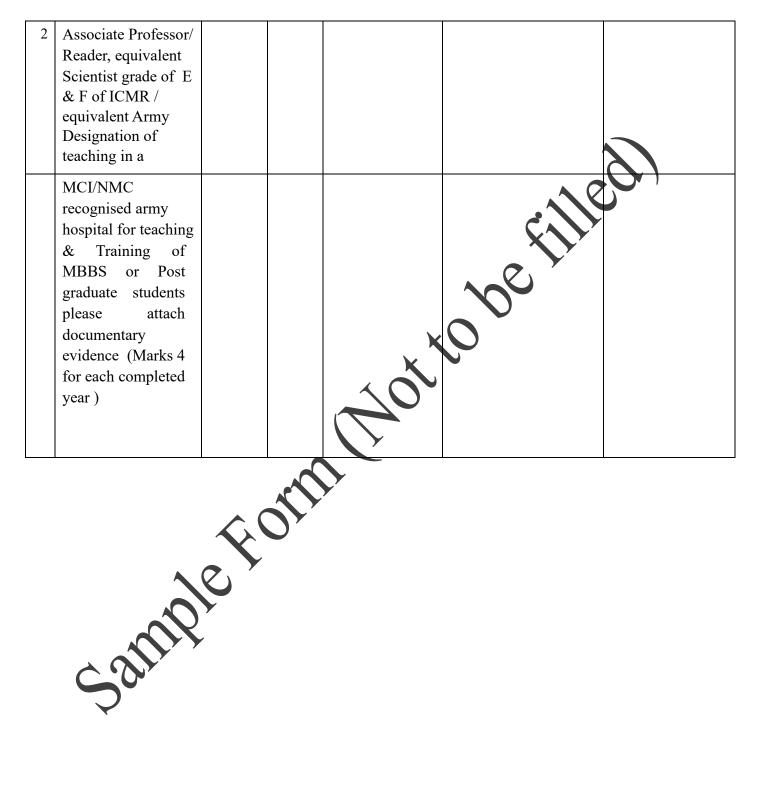
Please upload all supporting documents for which marks have been requested.

	Designation	From	То	Duration (Year- months)	Department	Name of Institute
1	Assistant Professor/ Lecturer / equivalent Scientist grade of B,C,D of ICMR /equivalent Army Designation of teaching in a MCI/NMC recognised army hospital for teaching & Training of MBBS or Post graduate students please attach documentary evidence (Marks') for each completed year)		ST		Joe J	



SAMPLE FORM

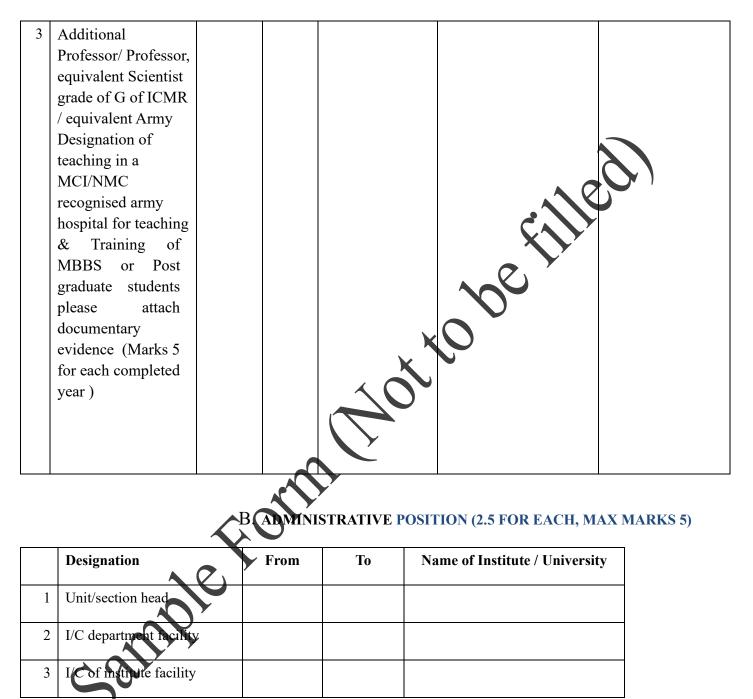
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C. EDITORIAL RESPONSIBILITY (3 MARKS FOR EACH EDITOR/ASSOCIATE EDITOR & 1 FOR MEMBER OF EDITORIAL BOARD, MAX MARKS-100NLY FOR INDEX JOURNALS)



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		From	То	Name of the Journal	Average (if more than one year) Impact Factor of Journal (of the year responsible)
1	Editor /				
	AssociateEditor				
				9	
					Y
2	Member Editorial Board				
				X	
				20	

D.INTERNATIONAL AWARDS (FELLOWSHIP (2.5 MARKS FOR EACH, MAXIMUM-5)

SN	Name of award	Year	Name of Professional Organization Awarded
1			
2	Sa		

E.NATIONAL AWARDS (MAXIMUM-20 MARKS)

SN	Name of award	Year	Professional Organization
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1	ICMR(Other than BC Roy Award), MCI, NMC,			
	Society awards, NAMS, Military awards (awards by the			
	three chiefs/ CDS/ Paramilitary forces awards) etc.			
	(2 marks for each)			
				く
			~	
			$\langle \rangle$	Y
2	BC Roy, SS Bhatnagar, Military Awards (PVSM, AVSM, VSM, PVC, MVC, VC, SC, Paramilitary forces awards, others	xO		
	(5 marks for each)			
3	Orations and Fellowship (2 marks for each)			

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

SN	Title of project	Source of Funding	Total Fund amount	From	То
1	5				
2					
3					
4					



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G. ALL PUBLICATIONS IN LAST 10 YEARSAS FIRST OR CORRESPONDING AUTHORIN CHRONOLOGICAL ORDER AND SHOULD INCLUDE AS PER VANCOUVER STYLE(MAX. MARKS-10)

	List 10 best papers*		Citation Index	First or Corresponding Author
1			Ś	
2				
3				
4)	3	
5				
6				
7		0		
8				
9				
10				

* Please attach reprint of the articles H. AUTHORSHIP (NAX-MARKS – 5)

SN	Title of Book/ Chapter in Book	Name of Publisher	ISBN No	Year
	Editor of book / Monograph (2.5 mark for each)			
1				
2				



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	Chapters in Textbook (1 mark for each)		
1			
2			
3			
4		100)
5		<u> </u>	

I. PATENTS WITH DETAILS (2.5 MARKS FOR EACH PATENT, MARKSUM 5)

	Details of Patent	×	Vear	Where
1	Filed/ Published (1.0 Mark)			
2	Granted (2.5 Mark)	20		
			•	

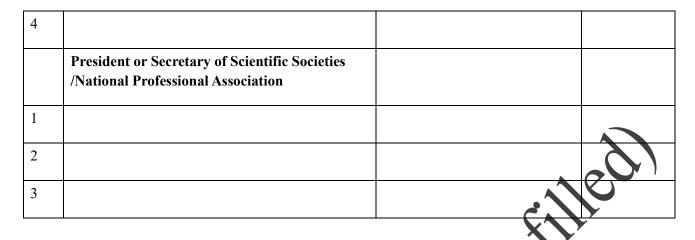
J. CONFERENCE ORGANIZATION AN PRESIDENT / SECRETARY OF ORGANIZING COMMITTEE OF SCIENTIFIC SOCIETY / PROPESSIONAL ASSOCIATION (2.5 MARKS FOR EACH, MAX. 10)

	Name of conference, Society	Title (Organizing Secretary)	Year / Period
	Conference /Symposium / CME / Workshop		
1	$\overline{\mathbf{v}}$		
2			
3			



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K. MEMBER OF ADVISORY BOARD, EXPERT GROUP, VARIOUS COMMITTEES (TASK FORCE, NATIONAL SCIENTIFIC COMMITTEE), VISITING PROFESSORAL COMMITTEE) FOR EACH, MAX.5)

Name of body /group	Name of Position	Name of Organisation	Year / Period
Membership of ICMR-Scientific Advisory Board, Scientific Advisory Group, Expert Groups, or online corresponding Committees of CSIR/DST/DBT/UGC/Others			
Member of Academic Council/Academic Committee or other decision-making academic bodies of Universities/ Academics/Institutes of National importance			
Consultancy with any UN/International organization/			
Visiting Professor of a GovernmentUniversity			



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WHO Temporary Adviser (or served in a similar capacity with any other UN Organisations		

	SERVICE TO COMMUNITY and contribution to the specialty	No of persons	Duration	attached
	(Please provide details of each with official Proof)	benefited	North To	Flagged and numbered
	Exceptional service in Rural areas/Fieldwork/ natural calamity/ Community work outside the domain of assigned responsibility			
1	× 0			
2				
	Community-based health education (Articles for the general public in magazines, newspapers, health talks, books, manuals			
1				
2				
	Community-based health systems research (Diseasespecific, operational research			
1	C D			
2				
	Delivery of health care to people living in underserved Rural, Tribal or Urban slum population			
1				



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2				
	Participation in National Health Program			
1				
2			X	

M. SERVICE TO NATIONAL ACADEMY OF MEDICAL SCIENCES (1 MARRET EACH MAX. MARKS-2)

SN	Yes/No Detailed reference)
M- 1	Reviewer for annals on NAMS (1 mark for each)	
M- 2	Author for article in NAMS Journal (1 mark for each)	
M- 3	Organised NAMS Conference/CME Workshop(1 mark for each)	

M-4 Activities which Candidate would like to undertake for promotion of NAMS (Maximum 300 words)



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Sample Form Not to be filled



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APPENDIX – I, COMPOSITION OF GROUPS

GROUP-A: BASIC MEDICAL SUBJECTS ALLIED SUBJECTS

Code No.

BS 01 Anatomy
BS 02 Biochemistry
BS 03 Biomedical Engineering
BS 04 Biophysics
BS 05 Biotechnology
BS 06 Forensic Medicine
BS 07 Genetics
BS 08 Haematology
BS 09 Microbiology
BS 10 Molecular Biology
BS 11 Pathology
BS 12 Pharmacology
BS 13 Physiology

GROUP-C: SURGERY AND ALLIED SUBJECTS MEDICAL ADMINISTRATION Code No.

- SA 01 Cardiovascular & Thoracic Surgery
- SA 02 Dental Surgery and Allie disciplines
- SA 03 Gastrointestinal Surgery
- SA 04 Neurosurgery
- SA 05 Otorhinolaryngology
- SA 06 Paediatric Surgery
- SA 07 Physical Medicine & Rehabilitation
- SA 08 Plastic Surgery
- SA 09 General Surgery
- SA 10 Surgical Oncology
- SA11 Obstetrics & Gynaecology
- SA12 Ophthalmology
- SA 13 Orthopaedic Surgery

GROUP-B: MEDICINE AND

- Code No. MA 01 Anaesthesiology MA 02 Cardiology MA 03 Clinical Immunology MA 04 Pharmacology MA 05 Dermatology & Vend MA 06 Endocrinology MA 07 Gastroenterology/Hepa MA 08 Internal Medicine MA 09 Medical Opcology MA 10 Neonatolo MA11 Nephrole MA 12 Neurology Nuclear Medicine A 13 14 Paediatrics Psychiatry MA 16 Radiodiagnosis MA 17 Radiotherapy MA18 Respiratory Medicine MA 19 Rheumatology MA 20 Transfusion Medicine **GROUP-D:COMMUNITY HEALTH/ EDUCATION / HOSPITAL** Code No. CHA01 Biostatistics CHA 02 Clinical Epidemiology CHA 03 Community Health/Community Medicine/Social & Preventive Medicine CHA 04 General Practice/Family Medicine CHA 05 Hospital Administration CHA 06 Maternal and Child Health CHA 07 Medical Education CHA 08 Nutrition CHA 09 Occupational and Environmental Health
 - CHA 10 Public Health and Health Education
- CHA 11 Health Planning and Health Administration



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SA14 Urology

Sample Form Wot to be tilled

To be returned duly completed to **The Secretary NAMS House**, **Ansari Nagar**, **New Delhi by the due date and time.** Any proposal received incomplete or after the due date will not be included in the List of proposals for that year.

	From:
	То
	The Secretary
	National Academy of Medical Sciences (India)
	NAMS House,
	Ansari Nagar, Ring Road,
	New Delhi – 110029
	Tel No.: (011) 2658 718
	Fax No.: (011) 26598992
	E-mail: <u>nams_aca@yahoo.com</u>
	Website- <u>http://nams-india.in</u>
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Sample Form Notto be filled