



National Academy of Medical Sciences (India)

Application Form for Election to Associate Membership (Assoc. MAMS)

INSTRUCTIONS FOR ONLINE APPLICATION FORM

Please read the GUIDELINES given below carefully before filling up the application form.

1. Before starting to fill up the online application, it is advisable to download the sample form. Please fill up your details **FIRST** on the downloaded **SAMPLE** application form and then start filling up your **ONLINE** application form.

2. Please **ENSURE** your **ELIGIBILITY** criteria are fulfilled.

Medical /Dental Scientists who have completed Postgraduate qualifications (MD/ MS/ MDS) or MSc Biotechnology /PhD in SINGLE ATTEMPT and who also have in addition Any ONE of the following:

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**

3. The application form, **must be proposed by ANY of the following:**

a. **Head of Institution**

b. **Head of Department**

c. **Head of Unit**

d. **NAMS Fellow**

4. **Applicants are needed first to register by using Aadhar and mobile numbers.**

5. No modification is permitted after the **FINAL** submission of the Online Application Form. Till final submission, the application can be modified **by logging in “again”** using the **same** Aadhar Number and Mobile Number.

6. **THE APPLICATION NUMBER WILL BE GENERATED AFTER THE COMPLETE SUBMISSION OF THE ONLINE FORM SUCCESSFULLY.**

7. Please keep the scanned copies of all the supportive documents of eligibility criteria ready before starting to fill up the online application form. These documents should be in PDF, JPG, JPEG, PNG format with a **maximum** size of less than 500 KB each file.

8. **PLEASE NOTE** that the online application form will move to the next page **ONLY** when you have uploaded the relevant documents.

9. **All documents submitted with the application should be self-attested.**



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10. Payment of Rs.10,000/- (Rs. Ten Thousand Only) is required (Rs.8,000/- towards Life Subscription corpus + Rs. 2000/- as admission charges), by Online payment through NEFT as per details given on NAMS Website: nams-india.in, Mention the payment details (Transaction ID) in the application form.

Payment Link: <https://nams-india.in/downloads.php?n=payonline>

11. In addition to the online submission, one hard copy of the application form with all self-attested documents must also be sent by Post/by Hand to **The Secretary NAMS House, Ansari Nagar, Ring Road New Delhi-110029.**

Nominations that are incomplete or not according to the prescribed format, will not be processed further.

Please NOTE:

- All the documents and Transaction Id of payment attached with the online application form must be self-attested.
- Please attach i) a self-attested copy of your degrees (MD,MS,MDS or MSc Biotechnology/ PhD), ii) Single attempt certificate and iii) other supporting documents like Membership of a National Professional organization in his/her specialty, Scientific Publication in a Scientific Journal/ Scientific Presentation in the Annual Scientific Conference of National Professional organization, whichever is applicable.
- ONLY MD/MS/MDS or MSc Biotechnology/ PhD applicants are eligible to apply for Associate MAMS, with one of the following criteria:

Medical /Dental Scientists who have completed Postgraduate qualifications (MD, MS, MDS, or MSc Biotechnology/ PhD) in a single attempt and have a degree and ONE of the following criteria:

- a. **Membership of a National Professional organization of his/her specialty**
- b. **Scientific Publication in a Scientific Journal**
- c. **Scientific Presentation at the Annual Scientific Conference of National Professional organization**

Please make the payment of subscription fees of Rs.10,000/- before you start filling out the online application form for Associate MAMS as you need to fill in the details of payment made in the application form.



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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

Proposer could be any of the following:

- i) Head of Institute/
- ii) Head of Department/
- iii) Head of Unit /
- iv) Fellow of the National Academy of Medical Sciences (India)

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



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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



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DETAILS OF APPLICANT

Please upload all supporting documents (each document file should be less than 500 KB. All documents must be self-attested).

1. QUALIFICATIONS (Please attached Testimonials)

SN	Qualification	Name & complete address of Institution/College	Year of Passing	Sr. No of degree/Roll no	Subjects	Name & complete address of University
1.1	MBBS/BDS					
1.2	Postgraduation Qualification (MD/ MS / MDS or PhD/MSc Biotechnology)					

2.1. REGISTRATION DETAILS OF MBBS/BDS

SN	Council	Year	Number
i	National Medical Commission/ MCI/ Dental Council of India		
ii	State Medical Council/State Dental Council		

2.2. REGISTRATION DETAILS OF MD/MS/MDS

SN	Council	Year	Number
i	National Medical Commission/MCI/ Dental Council of India		
ii	State Medical Council/State Dental Council		

3. ACADEMIC POSITIONS HELD (Please attach Testimonials)

SN	Designation	From	To	Department	Name & complete address of the Institute



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4. MEMBERSHIP OF NATIONAL PROFESSIONAL ORGANIZATION (Please attach Testimonials)

SN	Name of National Professional Organization	Specialty	Date of Membership and Membership Number	Supporting document attached

5. SCIENTIFIC RESEARCH PAPER PRESENTED IN THE SCIENTIFIC NATIONAL PROFESSIONAL ORGANIZATION (Please attach Testimonials)

SN	Name of National Professional Organization	Specialty	Title of the research paper	Supporting Testimonial attached

6. SCIENTIFIC RESEARCH PAPER PUBLISHED IN THE SCIENTIFIC JOURNAL (Please attach Testimonials)

SN	Title of the research paper	Name of Scientific Journal, Vol., Number, Year, Page No. (Vancouver style)	Supporting Testimonial attached

7. PAYMENTS DETAILS

(Payment Link: <https://nams-india.in/downloads.php?n=payonline>)

Transaction details _____ of Payment of Rs.10,000/- (Rs. Ten Thousand Only)

Sr.No.	Payment mode	Transaction ID	Transaction Date	Name of Bank	Amount



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8. Activities Applicant would like to undertake for the promotion of NAMS academic activities (Maximum 150 words), if elected as Associate Member of NAMS

Empty box for writing the response to question 8.



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To be returned duly completed to :

The Secretary NAMS House, Ansari Nagar, Ring Raod, New Delhi.

The duly completed applications are accepted throughout the year.

From:

To

The Secretary
National Academy of Medical Sciences (India)
NAMS House,
Ansari Nagar, Ring Road,
New Delhi – 110029

Tel No.: 8527834424

E-mail: nams_aca@yahoo.com

Website: <http://nams-india.in>

(To be filled in the Office of the Academy)

Date of receipt of application by NAMS _____

Secretary
NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)



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APPENDIX - I COMPOSITION OF GROUPS

GROUP-A: BASIC MEDICAL 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 Hematology
BS 09 Microbiology
BS 10 Molecular Biology
BS 11 Pathology
BS 12 Pharmacology
BS 13 Physiology

GROUP-B: MEDICINE AND ALLIED SUBJECTS

Code No.

MA 01 Anaesthesiology
MA 02 Cardiology
MA 03 Clinical Immunology
MA 04 Pharmacology
MA 05 Dermatology & Venereology
MA 06 Endocrinology
MA 07 Gastroenterology/Hepatology
MA 08 Internal Medicine
MA 09 Medical Oncology
MA 10 Neonatology
MA 11 Nephrology
MA 12 Neurology
MA 13 Nuclear Medicine
MA 14 Paediatrics
MA 15 Psychiatry
MA 16 Radiodiagnosis
MA 17 Radiotherapy
MA 18 Respiratory Medicine
MA 19 Rheumatology
MA 20 Transfusion Medicine

GROUP-C: SURGERY AND ALLIED SUBJECTS

Code No.

SA 01 Cardiovascular & Thoracic Surgery
SA 02 Dental Surgery
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
SA 11 Obstetrics & Gynaecology
SA 12 Ophthalmology
SA 13 Orthopaedic Surgery
SA 14 Urology

GROUP-D: COMMUNITY HEALTH/ MEDICAL EDUCATION / HOSPITAL ADMINISTRATION

Code No.

CHA 01 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