



APPLICATION FORM FOR FELLOWSHIP EXAMINATION NAMS -( FAMS)DIRECT CATEGORY

## SAMPLE FORM

### First login Page

Please enter your Unique ID -

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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)



APPLICATION FORM FOR FELLOWSHIP AT NAMS -( FAMS)DIRECT CATEGORY

**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	
Speciality with Code No	
<b>Group</b>	
Applying first time	No

**QUALIFICATIONS**

S. No.	Qualification	Year	Subject	University/ Institution	Registration Number where applicable
1	DSC				
2	PHD				
3	MD				
4	MBBS				

\* No honorary degree should be written



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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

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

SECONDER DETAILS

<b>Seconder Signature (NAMS Fellow)</b>	
<b>Name (in Block letter)</b>	
<b>Mailing Address</b>	
<b>Contact Number</b>	
<b>E Mail</b>	
<b>Date on which the seconder made it</b>	
<b>FAMS code number*</b>	
<b>Year of FAMS</b>	
<b>Speciality of the Seconder</b>	
<b>Number of persons seconded in the current year</b>	

§ only 3 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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UNDERTAKING BY APPLICANT

(Full name in BLOCK letters)

The Secretary,

National Academy of Medical Sciences (India)

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

Sir,

I

\_\_\_\_\_

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



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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



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PROFESSIONAL EXPERIENCE AND PEER RECOGNITION(MAXIMUM MARKS – 100)

**DETAILS OF APPLICANT**

**A. ACADEMIC POSITIONS (MAX-5 MARKS)**

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 1 for each completed year )

S. No.	Designation	From	To	Duration(Y ear-months)	Department	Name of Institute

Associate Professor/ Reader, equivalent Scientist grade of E & F 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 2 for each completed year )

S. No.	Designation	From	To	Duration(Y ear-months)	Department	Name of Institute

Additional Professor/ Professor, equivalent Scientist grade of G 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 3 for each completed year )

S. No.	Designation	From	To	Duration(Y ear-months)	Department	Name of Institute



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**B. ADMINISTRATIVE POSITION (VICE CHANCELLOR-MARKS 2 FOR EACH COMPLETED YEAR, DIRECTOR/ PRINCIPAL / DEAN-MARKS 2 FOR EACH COMPLETED YEAR HEAD OF THE DEPARTMENT-MARKS 2 FOR EACH COMPLETED YEAR . MAX MARKS 5)**

S. No.	Designation	From	To	Duration	Name of Institute /University

**C. EDITORIAL RESPONSIBILITY (2 MARK FOR EACH EDITOR, 1 FOR EACH ASSOCIATE EDITOR OR MEMBER OF EDITORIAL BOARD, MAX MARK-10 ONLY FOR INDEX JOURNAL)**

S. No.	Title	From	To	Name Of The Journal	Average

**D. INTERNATIONAL AWARDS / FELLOWSHIP (2 MARKS FOR EACH, MAXIMUM-10)**

S. No.	Name of award / Name of Fellowship	Year	Name of Professional Organization Awarded





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**E. NATIONAL AWARDS (MAXIMUM-20 MARKS)**

**ICMR (OTHER THAN B C ROY AWARD), MCI, NMC, SOCIETY AWARDS, NAMS, NATIONAL ORATIONS AND FELLOWSHIPS, 2 MARKS FOR EACH.**

S. No.	Name of award	Year	Professional Organization

**BC ROY, SS BHATNAGAR, MILITARY AWARDS (PVSM, AVSM, VSM, PVC, MVC, VC, SC,PARAMILITARY FORCES AWARDS, OTHERS, 5 MARKS FOR EACH)**

S. No.	Name of award	Year	Professional Organization

**NATIONAL ORATIONS AND FELLOWSHIPS-2 MARKS FOR EACH)**

S. No.	Name of award	Year	Professional Organization



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**F. EXTRAMURAL RESEARCH GRANT AS PRINCIPAL INVESTIGATOR (2 MARKS FOR EACH, MAXIMUM-10)**

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

**G. H INDEX OF AUTHOR'S PUBLICATION DURING LAST 10 YEARS (AS PER GOOGLE SCHOLAR SCORE) AS FIRST OR CORRESPONDING AUTHOR ( MAX. MARKS-10) (TOTAL H-FACTOR OF PUBLICATION: 1-10=2.5, 11-20=5, 21-30-7.5, 31-40 AND ABOVE =10)**

<b>Total H Index</b>	
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**H. AUTHORSHIP(AUTHOR/EDITOR OF BOOK -2 MARK FOR EACH BOOK, AUTHOR/EDITOR / MONOGRAPH- 2 MARK FOR EACH MONOGRAPH , CHAPTERS IN TEXTBOOK -1 MARK FOR EACH CHAPTER MAX.MARKS= 5)**

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



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**I. PATENTS WITH DETAILS( SCORE OF 0.5 FOR FILED, 1.0 FOR PUBLISHED AND 2 MARKS FOR EACH GRANTED PATENT, MAXIMUM 5)**

Sr No	Details of Patent	Year	Where

**J. NATIONAL/INTERNATIONAL CONFERENCE ORGANISING COMMITTEE AS PRESIDENT / SECRETARY (1 MARK FOR EACH, MAXIMUM 5)**

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

**K. MEMBER OF SCIENTIFIC ADVISORY BOARD, EXPERT GROUP, NATIONAL COMMITTEES (TASK FORCE, NATIONAL SCIENTIFIC COMMITTEE),VISITING PROFESSOR TOGOVERNMENT UNIVERSITIES (1 MARK FOR EACH, MAX. 5)**

Sr No	Name of Body /Group	Name of Position held	Name of Organisation	Year/ Period



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**L. SERVICE TO THE COMMUNITY AND CONTRIBUTION TO THE SPECIALITY, ( 1 MARK FOR EACH, MAXIMUM 5)**

Sr No	Service to the Community and contribution to the speciality( Please provide documentary proof)	From	To	No. of Persons benefited	Year
1	EXCEPTIONAL SERVICE IN RURAL AREAS				
2	COMMUNITY-BASED HEALTH EDUCATION(ARTICLES FOR THE GENERAL PUBLIC INMAGAZINES, NEWSPAPERS, HEALTH TALKS,BOOKS, MANUALS)				
3	COMMUNITY-BASED HEALTH SYSTEMSRESEARCH (DISEASE-SPECIFIC,OPERATIONAL RESEARCH)				
4	DELIVERY OF HEALTH CARE TO PEOPLELIVING IN UNDERSERVED URBAN SLUMPOPULATION				
5	PARTICIPATION IN NATIONAL HEALTHPROGRAMS				
6	COMMUNITY-BASED HEALTH EDUCATION(ARTICLES FOR THE GENERAL PUBLIC INMAGAZINES, NEWSPAPERS, HEALTH TALKS,BOOKS, MANUALS)				

**M. SERVICE TO NATIONAL ACADEMY OF MEDICAL SCIENCES (REVIEWER FOR ANNALS OF NAMS -1 MARK FOR EACH,AUTHOR OF ARTICLE IN NAMS JOURNAL-1 MARK FOR EACH, ORGANISED NAMS CONFERENCE -1 MARK FOR EACH, ORGANISED NAMS CME-1 MARK FOR EACH, ORGANISED NAMS SYMPOSIUM-1 MARK FOR EACH. MAX. MARK-5)**

Sr No	Contribution	Yes/No	Detailed reference
1			



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



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**N. Any other credentials which Applicant would like NAMS to know while considering for the award of Fellowship (200 words only)**



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CHECKLIST

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

SN	Designation	Name of the document(s) uploaded
A	<b>Academic position</b>	
B	<b>Administrative Position</b>	
C	<b>Editorial Responsibility</b>	
D	<b>International Award/Fellowship</b>	
E	<b>National Awards</b>	
F	<b>Extramural Research Grant as Principal Investigator</b>	
G	<b>Publications</b>	
H	<b>Authorship</b>	
I	<b>Patents</b>	
J	<b>Conference Organizer as Secretary/Jt. Secretary of National Scientific Society/Professional Association</b>	
K	<b>Member of Scientific Advisory Board, Expert Group, Various Committees, Visiting Professor to Government Universities</b>	
L	<b>Service to the Community</b>	
M	<b>Service to National Academy of Medical Sciences</b>	