



IMA ACADEMY OF MEDICAL SPECIALITIES

(Under the auspices of Indian Medical Association)
Headquarters: I.M.A. Building, Esamia Bazar, Hyderabad-500 027
Tel: 040-24740015; Email: imaamshyd@gmail.com
Fax: 040-24740015; website: www.ima-ams.org

PROFORMA-NOMINATION FOR HONORARY PROFESSORSHIP IMA ACADEMY OF MEDICAL SPECIALITIES

Photo

The Governing Council
IMA Academy of Medical Specialities H.Qrs
IMA Building, Esamia Bazar,
Koti -500027, Hyderabad

Sub: **HONORARY PROFESSORSHIP OF IMA AMS NOMINATION FORM**

Dear Sir,

We have great pleasure in nominating Dr. _____ resident of _____
_____ for Honorary Professorship of the College. He is a life member of the AMS (Life membership No. _____) and has a seniority of 25 years in the profession or more. His/Her particulars are appended as under:

1. Up-dated Bio-data of the candidate
2. IMA AMS Membership application form (Applicable in case of new applicants only)

Proposed by: (fellow IMA AMS)

Signature : _____

Name : _____

Address : _____

Email : _____

Encl: as above

Seconded by: (Fellow IMA AMS)

Signature : _____

Name : _____

Address : _____

email : _____

Dated : _____

TO BE FILLED BY THE NOMINEE

I agree to my nomination being considered by the Governing Council IMA AMS for award as Honorary Professorship of the IMA AMS.

I affirm that the decision of the Governing Council of IMA AMS in this regard shall be final and acceptable to me.

I enclosed a bank draft for Rs.10,000/- (Rupees: Ten Thousand Only) in favour of IMA AMS, payable at Hyderabad.

Please note that I am a Life Member of the AMS (L.M. No. _____) and Life Member of the IMA (L.M. No. _____).

Signature _____

Name (in capital) : _____

Address : _____

Mob No : _____

Tel /Fax : _____

Email : _____

Dated: _____

VERIFIED AND FORWARDED TO THE AMS HEADQUARTERS FOR THE NEEDFUL

Signature: Hon. Secretary

State Faculty IMA AMS

ENCLOSURE TO THE NOMINATION FORM

HONORARY PROFESSORSHIP IMAAMS- BIODATA OF NOMINEE

1. NAME : _____
2. QUALIFICATIONS (YEAR) : _____
3. SPECIALITY PRACTICED General Practice/Family Medicine/ _____
4. PROFESSIONAL CAREER : _____

5. CONTRIBUTION TO JOURNALS (name with titles)
- a) _____
- b) _____
6. CONTRIBUTIONS (Titles) TO CONFERENCES/SYMPOSIA/SEMINARS/BOOKS ETC.
- a) _____
- b) _____
7. ATTACHMENT TO HOSPITALS/CLINICS ETC
- a) _____
- b) _____
8. AWARDS/ DISTINCTIONS/PROFESSIONAL ACHIEVEMENTS ETC
9. MEMBERSHIP OF PROFESSIONAL ORGANIZATIONS
- a) _____ b) _____
- c) _____ d) _____
10. NAMES OF JOURNALS SUBSCRIBED
- a) _____ b) _____
- c) _____ d) _____
11. IMA ACADEMY OF MEDICAL SPECIALITIES
- a) L.M. No: _____
- b) Offices held: _____
- c) Member teaching Faculty Hqrs. / State Hony. Professor of _____ at _____
12. INDIAN MEDICAL ASSOCIATION L.M. No: _____ through _____ branch
under _____ State Branch.
13. OTHER ACADEMIC ACHIEVEMENTS
- Signature: _____

TO BE FILLED BY THE IMA AMS SECRETARIAT

- Nomination received on _____ along with all relevant documents and bank draft.
- Recommendation of the Credential Committee _____ approved /keep pending/ not approved.
- Final recommendation of the Governing Council of IMA AMS _____ nomination accepted/Not accepted
- Hony. Professorship Regd. No. _____

Scroll issued during convocation in the year _____

Honorary Secretary IMAAMS

On behalf of Governing Council of IMA AMS

Enclosure:

1. IMA Life Membership Certificate
2. DD for the consent amount in favour of IMA AMS payable at Hyderabad.
3. Recent Pass port Size Photo
4. Personal Bio Data (Profile)
5. M.C.I. Registration Certificate Copy