National Academy of Medical Sciences (India)
NAMS House, Ansari Nagar,
Mahatma Gandhi Marg,
New Delhi – 110029

NOMINATION FORM (MNAMS)

[*for Diplomate of National Board (DNB) Examination passed candidates*]

MEMBERSHIP OF NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA) – MNAMS

Under Regulation V

I, _____ [Name of Fellow*]

Fellow of the National Academy of Medical Sciences (India) propose herein-named candidate for admission to the Membership of Academy – **MNAMS**

Name of Candidate _____

Institution/Hospital of Candidate _____

Designation _____

Address of Candidate:

Residence: _____

_____Tel.No._____

Office: _____

_____Tel.No._____

Mobile _____ Email _____

Details of **DNB** Examination conducted by **NBE** **[batch passed NBE held in November, 1992 & onwards]**

1. Year of Passing _____
2. Roll No. _____
3. Subject _____

This is to certify that I have known Dr. _____ for the last _____ Years. To the best of my knowledge, he/she bears good character and is fit for admission to the Membership of the National Academy of Medical Sciences – **MNAMS**.

Signature with date_____

Proposer _____

(Name in block letters)

Address _____

_____

****Only Fellows of the Academy are entitled to sign the certificate***

To be filled in the Office of the Academy

(a) Sl. No. of the Proposal_____

(b) Date of receipt of Proposal_____

(c) Proposal scrutinized by_____

(d) Date of approval by the Council_____

(e) Date of Informing the candidate_____

(f) Date of receipt of enrolment/fee and Life Subscription_____

(g) Date of award of the Scroll_____

BIODATA of the Candidate applying for admission to the "*Membership of the National Academy of Medical Sciences* (India) - *MNAMS*" (under Regulation V of the Memorandum of Association, Rules and Regulations).

Photo Attested
by
the Proposer
to be pasted here

1. (a) Name _____
   Surname First Name Middle Name

   (b) Sex_____

   (c) Date of Birth_____

   (d) Nationality_____

2. Institutional/Hospital Affiliation_____

   _____

3. Mailing address:-_____

   (a) Office_____

   (b) Residence_____

   (c) Phone No. with S.T.D. Code Res._____Office_____

4. Name of State to which the candidate belongs_____

5. Registration:

   (i) M.C.I. Year_____Number_____

   OR

   (ii) State Medical Council Year_____Number_____

   (Please attach an attested/self-attested copy of the registration certificate)

6. Particulars of passing the **DNB** Examination conducted by the National Board of Examinations:

   (a) Year of Passing the Examination_____

   (b) Roll No._____

   (c) Subject_____

(Please attach an attested/self-attested copy of the diploma certificate of NBE)

7. Professional Examination passed

Name of Examination	Year	University/College
(a) MBBS Final		
(b) Postgraduate Examination		
(i)		
(ii)		

* [*Please attach all* ***attested/self-attested*** *copies of certificates incld.* ***MBBS Degree / Registration*** *of MCI or State Medical Council and* ***DNB Passing Certificate*** *(Final/Provisional)]*

Date_____ _____

(Candidate's signature)

List of enclosures:

Instructions:

1. A Bank Demand Draft of **Rs.7,000/-** (Rs. Seven Thousand Only) in favour of the "***The Secretary, National Academy of Medical Sciences (India)***", payable at New Delhi may be enclosed.

2. Candidates who have already applied for Membership (MNAMS) or admitted as Member need not apply again.