

**NATIONAL ACADEMY OF MEDICAL SCIENCES 2023**

**Application Proforma for NAMS Emeritus Professor**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth ( dd/mm/yyyy):

Address:

Email \_\_\_\_\_

Tel./Mobile \_\_\_\_\_

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Emerging Pandemic : State NAMS Chapters :

Qualifications :

Field of specialization :

Total Professional experience : Yrs.

(as consultant)

2. **Total Teaching experience** : Yrs.

3. **Teaching experience as Professor** : Yrs.

Experience as Head of the Deptt. : Yrs.

**Research Experience**

a. Chief investigator as extra mural agencies:

b. Publications/Research (original research :

review articles) as;

Index Publication	Non Index publication	Book Chapter	Book	Monographs

4. **Professional and National / International Recognition**

(a) President/Secretary/Treasurer or holder of any elected office of a National Professional Society/Association :

(b) National/International Awards/ Medals for contributions to medical education/medical research/bio-medical professional development :

**5. Special Distinctions / Honours / Awards/ Medals :**

**1. Any position held /contribution made to the Academy :**

Proposed by a NAMS Fellow: Name: \_\_\_\_\_

Address : \_\_\_\_\_

: \_\_\_\_\_

Contact No. : \_\_\_\_\_

Signature with seal: \_\_\_\_\_

Date: \_\_\_\_\_

B. Seconded by NAMS Fellow: Name: \_\_\_\_\_

Address : \_\_\_\_\_

: \_\_\_\_\_

Contact No: \_\_\_\_\_

Signature with seal: \_\_\_\_\_

Date: \_\_\_\_\_

Note: *Please see the Nomination guidelines of the Academy for further details or*

*Contact: Secretary E-mail: [nams\\_aca@yahoo.com](mailto:nams_aca@yahoo.com)*

**RECOMMENDATIONS OF THE COMMITTEE**

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