



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

**NOMINATION FORM FOR THE
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 _____

Designation _____

Address:

Residence: _____

_____ Tel.No. _____

Office: _____

_____ Tel.No. _____

Mobile _____ Email _____

PAN _____ AADHAR _____

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) Mobile No. _____ with S.T.D. Code Res. _____ Office _____

(d) PAN No. _____ Adhar Card No. _____

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
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(a) MBBS Final

(b) Postgraduate
Examination

(i)

(ii)

* (Please attach all attested/self-attested copies of certificates)

Date _____

(Candidate's signature)

List of enclosures:

Instructions:

1. Payment of **Rs.7,000/-** (Rs. Seven Thousand Only) out of it, Rs.6,000/- is towards Life Subscription corpus through a Bank Demand Draft in favour of "**The Secretary, National Academy of Medical Sciences (India)**", payable at New Delhi may be enclosed. The amount is Life Subscription.

OR

Online payment through NEFT as per details at NAMS Website: <http://nams-india.in>

2. A Candidate who has already applied for Membership (MNAMS) or admitted as Member after passing DNB examination in a speciality, if subsequently passes DNB in another or different specialty, can apply for the Membership (MNAMS) in the subsequently obtained speciality also (i.e. one can have two multiple Membership (MNAMS) Certificates if one desire so, depending on the passed DNB Examination, of the NBE – MS.