

Nomination Form for Election of
Membership
National Academy of Medical Sciences (India)

The undersigned Fellows of the National Academy of Medical Sciences (India) respectively propose and second the herein-named nominee for election as a Member to the Academy:

<i>Name of the Candidate</i> _____ (in Block letters)							
<i>Designation & Address</i> _____ _____							
_____ <i>City</i> _____	<i>PIN</i> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
<i>Speciality with Code No.</i> _____							
<i>Any other discipline not mentioned in the list</i> _____							

Space for Statement

Proposer : _____
(Name in Block letters)

Address : _____

Contact No: _____

E-mail: _____

Signature: _____
with date

Seconded : _____
(Name in Block letters)

Address : _____

Contact No: _____

E-mail: _____

Signature: _____
with date

(To be filled in the Office of the Academy)

Sl.No. of the Proposal _____

Date of receipt of the Proposal _____

Secretary
NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

(Form of undertaking by the nominee)

To

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

Sir,

I _____
(Full name in Block letters)

son/daughter of _____

born on _____ and being of _____ years

of age, agree to be admitted to the National Academy of Medical Sciences as a MEMBER if elected in accordance with the Rules & Regulations as they now stand OR as they may hereafter be legally altered.

My Present Address is _____

--	--	--	--	--	--

(City) (Pin Code No.)

My Permanent Address is _____

--	--	--	--	--	--

(City) (Pin Code No.)

My contact No.: _____

My E-mail: _____

Further, I hereby certify that all my research and it publications have been conducted as per applicable National and International ethical guidelines. The same have not been the subject of ethical misconduct anytime earlier.

Signature of nominee

**Format for Submission of Particulars and Details of
Nominee with the Nomination Form for Membership**

1. Name in Full : _____
(in Block letters)

2. Date of birth : _____

3. Address & Designation:

(a) Present _____

(b) Permanent : _____

4. Nationality :

5. Citizenship :

6. Are you a person of Indian Origin (Yes / No)

7. Field of specialization :

Code No. :

7.A. *Any other Discipline not mentioned in the List :*

8. Professional Qualification

Nomenclature of Degree	Subject	University/Board	Duration of the Course		Year of Passing
			from	to	

9. Post-graduate Training/Experience

From	To	Name of Organization and Nature of Training

10. Memberships/Awards (if any)

(i) Awards (Year)	Title of Award	Awarding Body

11. Appointments held

(Professional career for the last 10 years)

Present and most recent employment should be given first and go backward.

12. Membership of professional association(s)

13. Organisation of and participation in CME programmes / Workshops of Continuing Professional Development Programmes/ Research methodology Workshops/Laboratory Training Workshops/any equivalent Academic Activity aimed at professional enhancement, including the CMEs conducted under aegis of NAMS.

14. Community Service : contribution to achievement of National Health Goals by participating in relevant National Programmes.

15. Any contribution to help NAMS in its functioning and fulfilling its aims and objectives and publication in its official journal: Annals of the NAMS (India)

Guidelines and Instructions for nomination of candidates

1. The Fellow nominating the candidate should certify from personal knowledge of the professional and scientific achievements of the candidates.
2. Every nominee shall be proposed and seconded by a statement in writing signed by at least two Fellows in good standing (i.e. those who are upto date in the payment of their subscription).
3. The eligibility and suitability criteria for election to Membership are as under:

The candidate shall satisfy the Council

EITHER (a) that he/she:

- (i) is a graduate in modern Medicine/Dental Sciences with a postgraduate qualification as recognized by the respective Statutory Council/or has a postgraduate degree in any of the biomedical/life sciences, awarded by any University recognized by the UGC.
- (ii) has had subsequent approved professional experience over a period of not less than 5 years after postgraduation, (5 years experience should be with effect from obtaining the degree in the subject for which a candidate is being nominated).

either should have held a position of responsibility in a recognized organization for a period of not less than 5 years,

or should have made substantial contribution in the area of research and academic achievements, relevant to medical education/medical research/ community service/health administration, as evidenced by at least three research publications as first/corresponding author in Peer reviewed Journals with Citation Index and Impact Factor.

(iii) is so engaged at the time of his/her nomination,

OR (b) has the requisite qualification in Medicine/Dental Sciences (as defined under a(i) and has been engaged in the medical profession for not less than 15 years in a position of responsibility and has made substantial contribution in the areas of research, academics, and professional achievements, as evidenced by at least three research publications as first/corresponding author in Peer reviewed Journals with Citation Index and Impact Factor.

(c) has the requisite qualification in Medicine/Dental Sciences (as defined under a(i) and has acquired such a standing in the medical profession that his admission as a Member will be conducive to the best interests of the Academy.

Additional criteria for assessing suitability :

- Membership of professional association(s)
- Organisation of and participation in CME programmes / Workshops of Continuing Professional Development Programmes/ Research methodology workshops/laboratory training workshops/any equivalent academic activity aimed at professional enhancement.
- Community Service : contribution to achievement of National Health Goals by participating in relevant National Programmes.

As per decision of the Council dated 11th April, 1989 Membership is open to Non-medical Bio-Medical Scientists, who are actively engaged in bio-medical sciences.

INSTRUCTIONS

1. 10 copies each of the following documents must accompany the application for nomination.
 - (i) A precise statement limited to 120 words on nominee's professional and scientific achievements which form the basis for nomination signed by proposer/seconded.
 - (ii) Information as per format prescribed, duly completed.
 - (iii) **Self-attested photocopies as proof for each educational qualification and proof of experience as certified by the competent authority needs to be provided; in the absence of which the claimed qualification or experience will not be considered.**
 - iv) List of publications:
 - (i) Two separate lists of publications i.e. one in Journals included in Medical Databases, Medical Literature analysis and retrieval system (Medlar) etc. and other one in Journals, not included in medical database but published in Journals of National Societies/Professional Associations.
 - (ii) be written in chronological order and should include (1) Names and initials of all authors, (2) Title of article, (3) Title of publication abbreviated, (4) Volume number, (5) First and last page number, (6) Years of publication.

Reference to books should include: (1) City of publication (2) Name of Publisher (3) Year of Publication. Abstracts and Proceedings of Conferences etc. should not be include in the list of publications.
2. Six copies each of at least three published papers of the nominee considered to be the best by the proposer: The Citation Index of the best published papers of nominee and Impact Factor of the Journal during the year in which the best papers have been published should also be provided along with nomination for Membership (Impact Factor of the Journal in the year of publication of the concerned article)
3. **The candidate should provide an undertaking certifying that all my research and its publications have been conducted as per applicable National and International ethical guidelines. The same have not been the subject of ethical misconduct anytime earlier.**

The under-mentioned guidelines may also please be noted in this connection:

1. Only Fellows of the Academy can propose or second the Nominee.
2. Members of the Council (elected and Ex-officio) and Members of the Credentials Committee should not propose or second any name for Fellowship/Membership of the Academy.
3. A Fellow should not propose more than three names for Fellowship and five for Membership in a year. He/She may, however, second any number of proposals.
4. The proposer/seconded can be from any specialities/disciplines for nomination of Membership.
5. The candidate shall be an Indian citizen.

Note : **Incomplete Nominations will not be considered.**

COMPOSITION OF GROUPS

GROUP-A: BASIC MEDICAL SUBJECTS

Code No.

BS 1	Anatomy
BS 2	Biochemistry
BS 3	Biomedical Engineering
BS 4	Biophysics
BS 5	Biotechnology
BS 6	Forensic Medicine
BS 7	Genetics
BS 8	Immunohaematology
BS 9	Microbiology
BS 10	Molecular Biology
BS 11	Molecular Medicine
BS 12	Pathology
BS 13	Pharmacology
BS 14	Physiology
BS 15	Radiation Biology

GROUP-C: SURGERY AND ALLIED SUBJECTS

Code No.

SA 1	Cardiovascular & Thoracic Surgery
SA 2	Dental Surgery
SA 3	Gastrointestinal Surgery
SA 4	Neurosurgery
SA 5	Otorhinolaryngology
SA 6	Paediatric Surgery
SA 7	Physical Medicine & Rehabilitation
SA 8	Plastic Surgery
SA 9	Surgery
SA 10	Surgical Oncology
SA 11	Obstetrics & Gynaecology
SA 12	Ophthalmology
SA 13	Orthopaedic Surgery
SA 14	Urology

GROUP-B: MEDICINE AND ALLIED SUBJECTS

Code No.

MA 1	Anaesthesiology
MA 2	Cardiology
MA 3	Clinical Immunology
MA 4	Clinical Pharmacology
MA 5	Dermatology & Venereology
MA 6	Diabetology & Endocrinology
MA 7	Gastroenterology
MA 8	Internal Medicine
MA 9	Medical Oncology
MA 10	Neonatology
MA 11	Nephrology
MA 12	Neurology
MA 13	Nuclear Medicine
MA 14	Paediatrics
MA 15	Psychiatry
MA 16	Radiodiagnosis
MA 17	Radiotherapy
MA 18	Respiratory Medicine
MA 19	Rheumatology
MA 20	Transfusion Medicine

GROUP-D: COMMUNITY HEALTH/ MEDICAL EDUCATION/ HOSPITAL ADMINISTRATION

Code No.

CHA 1	Biostatistics
CHA 2	Clinical Epidemiology
CHA 3	Community Health/Community Medicine/Social & Preventive Medicine
CHA 4	General Practice/Family Medicine
CHA 5	Hospital Administration
CHA 6	Maternal & Child Health
CHA 7	Medical Education
CHA 8	Nutrition
CHA 9	Occupational & Environmental Health
CHA 10	Public Health & Health Education
CHA 11	Health Planning and Health Administration

GROUP - E:

Code No.

OD Any other discipline not mentioned above

To be returned duly completed to the Secretary, NAMS (India), New Delhi by 31st December of the current year. Any proposal received incomplete or after 31st December will not be included in the list of proposals for that year.

From:

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

Tel No.: (011) 26588718, 26589326

Fax No.: (011) 26588992

E-mail: nams_aca@yahoo.com

Website: <http://nams-india.in>