**Please attach all the supportive documents with application form & email soft copies of the same to nams\_aca@yahoo.com**

**1. DETAILS OF APPLICANT**

|  |  |
| --- | --- |
| Name (in Block Letters) |  |
| 1.1.First Name |  |
| 1.2.Middle Name |  |
| 1.3.Last Name |  |
| 1.4. Age in Years |  |
| 1.5.Nationality |  |
| 1.6.Gender |  |
| 1.7. Current Designation with address, country code. |  |
| 1.8.Last Office held with address, country code. |  |
| 1.9. Mailing Address with postal CODE for correspondence |  |
| 1.10.Email |  |
| 1.11. Alternate E mail |  |
| 1.12.Specialty with Code No as per the Annexure-I |  |

**2. QUALIFICATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SNo. | Qualification  | Total Number of Years of formal training  | Specialty | University/Institution | Registration Number where applicable |
| 2.1. | Graduation |  |  |  |  |
| 2.2 | Post graduation( General specialty) |  |  |  |  |
| 2.3 | Post graduation( Super-specialty) |  |  |  |  |
| 2.4 | Doctoral/PhD/DSc |  |  |  |  |
| 2.5 | DNB qualified(If applicable) |  |  |  |  |

\* **No honorary degree should be written**

**The post-graduate degrees/ fellowships of the applicants in general specialty & super-specialty would only be considered if these are offered by Universities/National Boards/National academies/Medical Councils approved by the National Regulatory bodies on Medical education/Practice of the applicants’ country.**

**3.APROPOSER DETAILS**

The proposer can be Head of Unit/Department/ the institution. The undersigned propose the applicant to be considered as a MEMBER of the National Academy of Medical Sciences (India)

|  |  |
| --- | --- |
| 3.1.Proposer Signature (Electronic) |  |
| 3.2.Name (in Block letter) |  |
| 3.3Mailing Address |  |
| 3.4.E Mail: |  |
| 3.5.Date on which proposed |  |

**4. Brief statement about the Applicant’s achievements & performance is to be written by the Head of Unit/Department/ the institution (not to exceed 200 words).While writing about the Applicant, the Head of Unit/Department/ the institution of the Applicant must also mention the Applicant’s achievements & performance in the primary research field, other research areas and any other significant scientific contribution (based on the documentary evidence).**

**(Undertaking by the Applicant)**

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agree to be admitted to the National Academy of Medical Sciences (India), as A MEMBER, if selected under the Rules & Regulations as they now stand OR as they may be hereafter modified.

I further certify that there is no Proven Case against me for any indiscipline or ethical misconduct in research or research publication by the designated regulatory body in my country.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant with date

**5. DETAILS OF APPLICANT**

 5.1. **ACADEMIC POSITIONS HELD**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Designation** | **From**  | **To** | **Duration****(in completed years )** | **Department**  | **Name of Institute** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**5.2.ADMINISTRATIVE POSITIONS HELD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SN** | **Designation** | **From**  | **To** | **Duration****(in completed years )** | **Name of Institute / University/Hospital** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**5.3.EDITORIAL RESPONSIBILITY ( INDEXED JOURNAL)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **From** | **To** | **Name of the Journal**  | **Average Impact Factor of Journal**) |
|  | Editor of Journal |  |  |  |  |
|  |  |  |  |  |  |
|  | Associate Editor |  |  |  |  |
|  |  |  |  |  |  |
|  | Member of Editorial Board |  |  |  |  |
|  |  |  |  |  |  |

**5.4. AWARDS, ORATIONS, FELLOWSHIPS ( AWARDED BY PROFESSIONAL BODIES /ACADEMIES/INSTITUTES)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Name of award** | **National/International** | **Year** | **Professional Organization** |
| 5.5.1 | Awards |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 5.5.2 | Orations |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 5.5.3 | Fellowships |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**5.5.RESEARCH PROJECTS AS PRINCIPAL INVESTIGATOR**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Title of project** | **Extra-mural/Intra-mural** | **Name of funding Organisation**  | **Total Fund****amount** | **From** | **To** | **Out come****Completed/Not yet completed**  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**5.6 .H Index of Author’s Publications during last 10 years (as per Google Scholar Score) H Index of Author’s Publications during last 10 years (as per Google Scholar Score). Please attach the scanned copy of the Google scholar H-Score)**

|  |  |  |
| --- | --- | --- |
|  | **Total H Index** |  |

**5.7.AUTHORSHIP**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Title of Book/ Chapter in Book** | **Name of Publisher** | **ISBN No** | **Year** |
|  | Author/Editor of book / Monograph  |  |  |  |
|  |  |  |  |  |
|  | Chapters in Textbook  |  |  |  |
|  |  |  |  |  |

**5.8.PATENTS WITH DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | **Details of Patent** | **Year** | **Where** |
|  | Filed |  |  |
|  |  |  |  |
|  | Published |  |  |
|  |  |  |  |
|  | Granted |  |  |
|  |  |  |  |

**5.9.CONFERENCE ORGANIZER AS PRESIDENT / SECRETARY OF ORGANIZING COMMITTEE OF NATIONAL/INTERNATIONAL SCIENTIFIC SOCIETY / NATIONAL/INTERNATIONAL PROFESSIONAL ASSOCIATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of the Conference** | **National/****International** | **Title****(President/****Secretary)** | **Year / Period** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**5.10.MEMBER OF SCIENTIFIC ADVISORY BOARD, EXPERT GROUP, VARIOUS COMMITTEES LIKE TASK FORCE, NATIONAL SCIENTIFIC COMMITTEE, VISITING PROFESSOR TO GOVERNMENT/NONGOVERNMENT UNIVERSITIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name of Body /Group** | **National/****International** | **Name of Position held**  | **Name of Organisation** | **Year/ Period** |
|  | Membership of -Scientific Advisory Board, Scientific Advisory Group, Expert Groups, or of the corresponding equivalent Committees  |  |  |  |  |
|  |  |  |  |  |  |
|  | Member of Academic Council/Academic Committee or other decision-making academic bodies of Universities/ Academies/Institutes of National importance |  |  |  |  |
|  |  |  |  |  |  |
|  | Consultancy with WHO or any UN/International organization/ |  |  |  |  |
|  |  |  |  |  |  |
|  | Visiting faculty to Government/Nongovernment University/Institution |  |  |  |  |
|  |  |  |  |  |  |
|  | WHO Temporary Adviser (or served in a similar capacity with any other UN Organisations |  |  |  |  |
|  |  |  |  |  |  |

**5.11. SERVICE TO THE COMMUNITY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SN** | **Service to the Community** (Please provide details of each with documentary proof) | **Own country/Other country/India** | **Duration** | **No. of Persons benefited** | **Year** |
| **From** | **To** |
|  | Exceptional service in Rural areas/Fieldwork/ natural calamities/ Community work outside the domain of official assigned responsibility |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Community-based health education (Publications for the general public in magazines, newspapers, health talks, books, manuals) |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Community-based health systems research (Disease-specific, operational research) |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Delivery of health care to people living in underserved Rural, Tribal or Urban slum population |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Participation in National Health Programs |  |  |  |  |  |
|  |  |  |  |  |  |  |

**5.12. SERVICES WHICH APPLICANT WILL RENDER TO NATIONAL ACADEMY OF MEDICAL SCIENCES**

Activities which Applicant would like to undertake for NAMS/ Collaboration with Indian scientists (Maximum 200 words)

**5.13. ANY OTHER CREDENTIALS WHICH APPLICANT WOULD LIKE NAMS TO KNOW WHILE CONSIDERING FOR THE AWARD OF FELLOWSHIP (200 WORDS ONLY)**

**UNDERTAKING BY THE APLICANT**

I , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certify that the information as given above is correct and is based on documentary evidence. If any information is found to be wrong, I understand that my application can be rejected.

Signature

 Name of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX-1, COMPOSITION OF GROUPS**

**GROUP-A: BASIC MEDICAL SUBJECTS GROUP-B: MEDICINE AND ALLIED SUBJECTS**

**Code No. Code No.**

BS 01 Anatomy MA 01 Anaesthesiology

BS 02 Biochemistry MA 02 Cardiology

BS 03 Biomedical Engineering MA 03 Clinical Immunology

BS 04 Biophysics MA 04 Clinical Pharmacology

BS 05 Biotechnology MA 05 Dermatology & Venereology

BS 06 Forensic Medicine MA 06 Endocrinology

BS 07 Genetics MA 07 Gastroenterology/Hepatology

BS 08 Haematology MA 08 Internal Medicine

BS 09 Microbiology MA 09 Medical Oncology

BS 10 Molecular Biology MA 10 Neonatology

BS 11 Pathology MA 11 Nephrology

BS 12 Pharmacology MA 12 Neurology

BS 13 Physiology 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-C: SURGERY AND ALLIED SUBJECTS GROUP-D:COMMUNITY HEALTH/ MEDICAL

 **EDUCATION / HOSPITAL ADMINISTRATION**

**Code No. Code No.**

SA 01 Cardiovascular & Thoracic Surgery CHA 01 Biostatistics

SA 02 Dental Surgery CHA 02 Clinical Epidemiology

SA 03 Gastrointestinal Surgery CHA 03 Community Health/Community

SA 04 Neurosurgery Medicine/Social & Preventive Medicine

SA 05 Otorhinolaryngology CHA 04 General Practice/Family Medicine

SA 06 Paediatric Surgery CHA 05 Hospital Administration

SA 07 Physical Medicine & Rehabilitation CHA 06 Maternal and Child Health

SA 08 Plastic Surgery CHA 07 Medical Education

SA 09 General Surgery CHA 08 Nutrition

SA 10 Surgical Oncology CHA 09 Occupational and Environmental Health

SA 11 Obstetrics & GynaecologyCHA 10 Public Health and Health Education

SA 12 Ophthalmology CHA 11 Health Planning and Health Administration

SA 13 Orthopaedic Surgery

SA 14 Urology

**APPENDIX - II**

**GUIDELINES AND INSTRUCTION FOR FILLING UP THE NAMS INTERNATIONAL MEMBERSHIP APPLICATION FORM BY THE APPLICANT**

The applicant’s attention is required while filing up the application form to the following Guidelines and Instructions.

1. The Applicant should provide an undertaking that there is no **proven case** for ethical misconduct in research or research publication against him/her.
2. The Head of Unit/Department/ the institution while nominating, should certify the professional and scientific achievements of the Applicant from his **personal knowledge.**
3. Every Applicant shall be proposed by Head of Unit/Department/ the institution by a statement in writing (200 words) signed by him.
4. **ONLINE SUBMISSION OF ALL SELF ATTESTED SUPPORT DOCUMENTS MUST ACCOMPANY THE APPLICATION**.
	1. Information as per the format prescribed, duly completed for each parameter.
	2. The applications submitted must have **self attested support documents for the** information provided in the application form such as educational qualification, academic, research and administrative experience.
	3. Please up attach self attested scanned copy of H index of your publications during last 10 years as per the Google scholar.

**APPLICATIONS WHICH ARE INCOMPLETE OR NOT ACCORDING TO THE PRESCRIBED FORMAT WILL NOT BE PROCESSED AND CONSIDERED.**

5. **The duly completed applications to be sent to email id**: **nams\_aca@yahoo.com,** **by the 30th June 2023 / 31st of December 2023.**

**Any application received incomplete or after the due date will not be included in the list of applications for NAMS International Fellowship/Membership for that semester.**

6. The Fee for the International **Membership is USD 600** the applicant will remit the fees in Indian Rupees **AFTER SELECTION.**

(To be filled in the Office of the Academy)

S.No. of the Proposal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of receipt of the Proposal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Secretary

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)