

NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)
NAMS House, Mahatma Gandhi Road, New Delhi-110029

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ELECTION FOR COUNCIL MEMBER (2022-25)

NOMINATION FORM

We, the undersigned Fellows of the National Academy of Medical Sciences (India), propose/ second the nomination of the following Fellow for NAMS Council Member 2022

Candidate proposed

Name (in Block letters) _____

Address (in full) _____

Proposer

Name (in Block letters) _____

Signature _____

Address (in full) _____

Secunder

Name (in Block Letters) _____

Signature _____

Address (in full) _____

Bio-data of the candidate proposed to be sent in the prescribed form, enclosed along with the Nomination Form

CONSENT OF THE CANDIDATE

I hereby agree to my candidature for election as Council Member of National Academy of Medical Sciences (India)

Signature _____

Name in Block letters

Self Declaration of good standing

(To be filled in by the office of the Academy)

S. No. of the proposal _____

Date of receipt of the Proposal _____

Hony Secretary
National Academy of Medical Sciences (India)

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BRIEF BIODATA OF THE NOMINEE FOR COUNCIL MEMBER

1. Name with Academic Qualifications:
2. State: _____ Date of Birth: _____
3. Year in which Fellowship (FAMS) awarded:
4. Council Member in the past (Yes/No), If Yes, year and no.of terms:
5. Important appointments held beginning with present assignment: (limited to 4 only)
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6. President/Chairmanship/Vice-President of National/International scientific bodies:
(limited to four only)
.
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.
7. Editorship of the Journal(s)
8. Awards: (limited to 6 only)
(a) National (limited to 4 only)
.
(b) International (limited to 2 only)
.
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9. Specialty:
10. Contribution to NAMS as Office Bearer:
11. Self Declaration of good standing

Date:

Signature of the Nominee

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PERFORMA FOR SELF DECLARATION OF GOOD STANDING

This is to certify that I,, have not been penalized / any case pending against me for any professional, financial and ethical misconduct during my service / in the professional member associations and scientific bodies etc. till date.

Signature:

Name

Address:

Place

Date