



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 \_\_\_\_\_

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) Phone No. with S.T.D. Code Res. \_\_\_\_\_ Office \_\_\_\_\_

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

(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) through a Bank Demand Draft in favour of "*The Secretary, National Academy of Medical Sciences (India)*", payable at New Delhi may be enclosed

**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.

