

INDIAN SOCIETY OF MEDICAL SCIENCE(Regd)

Plot No.23-B, Meera Road, Devaraj Nagar, Selaiyur, Chennai 600073.

Tel: 91 44 65372284, +91 9790326929, +91 9281002284

Website : www.technologyworld.in

Application for Professional Membership

(Student/Professionals)

MEDICAL SPECIALIZATION

Membership Required-----

General Surgery, Paediatrics, Cardiology,Obsterics Gynaecology, Neurology, Dermatology, Gastroenterology, Ophthalmology, ENT/Ear Nose/Throat, Psychiatry, Anatomy, Communicable Diseases, Plastic Surgery, Nephrology, Urology, Endocrinology, Venereology, Anaesthesia, BioChemistry, Haematology, Physiology, Community Medicine, Radiodiagnoses, Phasmacology, Microbiology, Orthopaedics, Oral & Maxillofacial, orthodontics, Periodontics, Paediatric Dentists, Endodontics, Oral Pathology.

Courses Eligibility : MBBS, BDS, B.Pharm, BAMS, BHMS, BUMS, BPT, BSc.MLT, BSc.Radiography, BSc. Allied Sciences, B.Sc (Nursing)/GNM.

1. Name (Block letters) :

2. Father's Name :

3. Nationality :

MM/DD/YYYY

4. Date of Birth :

5. Age :

6. Place of Birth :

(Please tick(✓) the relevant box)

7. Sex : Male Female

8. Marital Status : Married Unmarried

9. Religion :

10. Present Address :

11. Permanent Address :

12. Contact Land Line No :

13. Mobile No :

14. E Mail ID :

15. No. of Paper Published : Yes No

16. Do you require International Professional Membership : Yes No

17. Educational Qualification, Medical, Trade, Vocational, Short-Term Computer Courses & Other Academics :
(Please fill the following)

10 Years Equivalent : _____

10+12 Years Equivalent : _____

Diploma : _____

Bachelors Degree : _____

Master's Degree : _____

Doctor's Degree : _____

Additional Qualification : _____

Professional Membership Qualification, Licenses (or) Certificate: Yes No

Name & Address : _____

Membership Grade : _____

Membership Title : _____

Date of Award of the Professional Membership : _____

Medical Training/Industry/Teaching experience : Yes No

Employer Name : _____

Function & Responsibilities : _____

Job Title : _____

Duration of service : _____

Declaration : I agree to abide by rules of the ISMS.

Date :

Candidate Signature

GUIDELINES

1. This application form must be completed in capital letters.
2. Three passport size color photo should be enclosed
3. Membership Processing duration - 90 days
4. Photocopies of all relevant certificates, training and Experience must be attached .
5. If there is insufficient space within any section, the applicant may submit additional information on a separate sheet of paper.
6. Life Time Membership Fee (only Professionals)- Rs.6000/-(Six Thousand only)
7. Demand Draft must be in favour of Indian Society of Medical Science payable at Chennai. DD can be taken in any Bank.
8. All documents should be mailed by Courier/Register Post/Speed Post to : ISMS, Membership Division, Plot No.23-B, Meera Road, Devaraj Nagar, Near Bharat University, Opp to PNB, Selaiyur, Chennai 600073, Tamil Nadu, India.
9. Membership Benefits - Refer the Society of your specialization .
10. Professional Membership choice will be given as per the medical science specialization.

OFFICE USE ONLY

Membership Grade: 1.Student Member 2.Graduate Member 3.Associate 4.Associate Member 5.Member 6.Senior Member 7.Fellow 8.Senior Fellow 9.Honorary Fellow. 10.Affiliate Member 11.Patron Member.

REMARKS

Membership No. _____ Date Received _____ DDNo _____

Bank Name _____ Receipt No _____

Receipt Book No _____

Approved _____ Not Approved _____ Cancelled _____

Under Process _____ Returned _____

Executive Committee

Registrar

Signature

Date :