

## APPLICATION FORM FOR MEMBERSHIP (MAMS)

## PROPOSER DETAILS

Proposer Signature (NAMS Fellow)

Name (in Block letter)	
Mailing Address	
Contact Number:	
E Mail:	
Date on which the proposer made it	
FAMS code number*	
Year of FAMS	
Speciality of the Proposer	
Number of persons proposed in the	
current year \$	
SECONDER DETAILS	
Seconder Signature (NAMS Fellow)	
Name (in Block letter)	
Mailing Address	
Contact North on	
Contact Number:	
E Mail:	

## **NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)**



## APPLICATION FORM FOR MEMBERSHIP (MAMS)

Date on which the seconder made it	
FAMS code number*	
Year of FAMS	
Speciality of the Seconder	
Number of persons proposed in the current year \$	

Statement about the Candidate is to be written by the Proposer: (not to exceed 200 words)

(While writing about the Candidate the proposer of the Candidate must also mention the Candidate's primary research field, other research areas and any significant scientific contribution.)

<sup>\$</sup> only5 names can be proposed by each NAMS fellow in a year

<sup>\*</sup> The FAMS code number can be checked on NAMS Website: www. nams-india.in