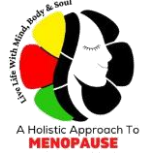




# Indian Menopause Society

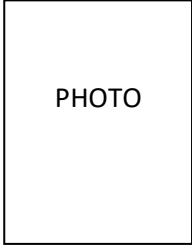


**Dr. Pushpa Sethi**  
President

**Dr. Arti Gupta**  
Secretary General

## IMS Menopause Practitioner Exam-2024

Successful candidates will receive a certificate indicating  
Credentialed IMS Menopause Practitioner (CIMP)



PHOTO

### Eligibility for Enrolment:

- Qualified registered medical practitioner with PG degree or diploma either in gynecology or in Endocrinology or medicine & related branches
- MBBS with >5 years clinical practice experience in Obst. &Gyn
- MS/MD/ DNB/PG students,

• It is pre-requisite to be an IMS Life Member. IMS Life membership Fee is Rs. 5900/-

Examination: 21<sup>st</sup> January 2024, Sunday

Venue: Online Virtual

Convocation: At IMSCON 2024, PRAYAGRAJ (Allahabad)

Examination Fee: Rs. 6000/-

IMS non - member: Please take membership at least before 30<sup>th</sup> November 2023.

IMS Members: Rs. 6000/-

Course material would be included in the fee.

Member IMS- Yes  No

If yes, please mention Membership Number: \_\_\_\_\_ Society/ Chapter name: \_\_\_\_\_

If not then it is mandatory to become IMS member through IMS.(To select your chapter visit:[www.indianmenopausesociety.org](http://www.indianmenopausesociety.org))

A cheque / DD / NEFT of Rs. 11900/-is to be deposited / done in any branch of Bank of India in your City in the IMS A/C: Indian Menopause Society- A/C No-001320110000011, Bank of India, Cumbala Hill, Mumbai.

IFSC NO: BKID0000013. Send the softcopy of Exam application form and Bank Pay-in-slip

To:examcommitteeims@gmail.com with copyto:[indianmenopausesociety2020@gmail.com](mailto:indianmenopausesociety2020@gmail.com) and

[drlrathna@gmail.com](mailto:drlrathna@gmail.com), **NO need to send** Hard copy. (Please attach all the necessary documents along with application form and payment details with UTR No. or Reference No. Attachments should be properly visible)

### Enclosures (mandatory) Put tick mark

MCI Registration Certificate with Age certificate

A Copy of MBBS certificate & Copy of PGCertificate

Copy of IMS membership certificate (For members only)

Copy of Bank-Pay-in-slip

### IMS Exam Application Form

Name (in block letters) \_\_\_\_\_

Gender :Male ( ) Female ( ) Date of birth \_\_\_\_\_

Address: (In block letters) \_\_\_\_\_ Pin: \_\_\_\_\_

Telephone no (add STD code) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Mobile no \_\_\_\_\_ Qualification: \_\_\_\_\_

Profession: \_\_\_\_\_ Current Position \_\_\_\_\_

How long you have been practicing Obstetrics &Gynecology \_\_\_\_\_

Signature of the applicant: .....

Date:.....

<p><b>Late Dr. Saroj Srivastava</b> Founder Chairperson</p>	<p><b>Dr. Lakshmi R. Markani</b> Chairperson Exam Committee M. 9848018061, E-Mail: <a href="mailto:drlrathna@gmail.com">drlrathna@gmail.com</a></p>	
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