



Indian Menopause Society



Dr. Shobhana Mohandas
President

Dr. Anju Soni
Secretary General

IMS Menopause Practitioner Exam-2023

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: Will be announced

Venue:

Convocation:

Examination Fee:

Rs. 6000/-

IMS non-member:Rs.5900 + Rs. 6000Total= Rs. 11900/- (Please fill both the forms Membership Form and CIMP Application form)

IMS Members: Rs. 6000/-

Course material would be included in the fee.

Application, Membership form & updated Clinical Practice Guidelines can be downloaded from the IMS website.

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)

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 and

drlrathna@gmail.com, Hard copy should be sent to the address of Chairperson Exam Committee*.

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 ode)_____ Fax_____

Email_____ Mobile no _____ Qualification:_____

Profession: _____ Current Position _____

How long you have been practicing Obstetrics &Gynecology _____

Signature of the applicant:..... Date:.....

Dr. Saroj Srivastava

Founder Chairperson

09335188233,

0522-2321848

Dr. Lakshmi R. Markani

Chairperson Exam Committee

M. 9848018061, E-Mail: drlrathna@gmail.com

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