



Indian Menopause Society



Dr. Sudhaa Sharma
President

Dr. Jyoti Jaiswal
Secretary General

IMS Menopause Practitioner Exam– 2026-27

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

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 / DGO / PG students,
- **It is pre-requisite to be an IMS LIFE MEMBER. It is Mandatory to take IMS Life Membership before 31st July 2026.**

PHOTO

Examination: (To be Finalized) December 2026, Sunday
Physical Convocation: At IMSCON 2027, PATNA

Exam: Online Virtual
Examination Fee: Rs. 6000/-

Examination Application Last Date: 31st August 2026

Please mention Membership Number: _____ Local Menopause Society name: _____

A cheque / DD / NEFT of **Rs. 6000/-** is to be deposited in any branch of **Bank of India** in your City in Favor of “**Indian Menopause Society**” Details Given Below.

Bank Details:

A/C Name: **Indian Menopause Society**

A/C No. : 001320110000011

Bank Name: Bank of India

Branch Name: Cumbala Hill, Mumbai IFSC NO: BKID0000013

NOTE: Please don't deposit IMS Membership Fees in this Account, if it is done then you will get refund after 20% reduction + 18% GST of Total Membership amount. (Refund will take time of approx. 1 month)

Send the softcopy of Exam application form and Bank Pay-in-slip To: ims.cimp.examination@gmail.com (**It is MANDATORY to send by E-Mail**)

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 PG Certificate
 Copy of IMS membership certificate Copy of Bank–Pay-in-slip

IMS Exam Application Form

Name (In CAPITAL letters) _____

Gender : Male () Female () Date of birth _____

Address: (In CAPITAL letters) _____

District: _____ State: _____ Pin: _____

WhatsApp Mobile No.: _____ Email (In CAPITAL letters) _____

Qualification: _____ Profession: _____ Current Position _____

How long you have been practicing Obstetrics & Gynecology _____

Signature of the applicant: **Date:**

Late Dr. Saroj Srivastava
Founder Chairperson

Dr. Sushma Verma
Chairperson, Exam Committee – 2026 & 2027
M. 98266 78880