



**Dr. Anita Shah**  
President

# Indian Menopause Society



**Dr. Ragini Agrawal**  
Secretary General

## IMS Menopause Practitioner Exam- 2025-26

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.**

PHOTO

**Examination:** (To be Finalized) December 2025, Sunday  
**Convocation:** At IMSCON 2026, BHOPAL

**Venue:** Online Virtual  
**Examination Fee:** Rs. 6000/-

**IMS Non - Member: Please take membership at least before 30<sup>th</sup> September 2025.**

Please mention Membership Number: \_\_\_\_\_ Menopause Society name: \_\_\_\_\_

A cheque / DD / NEFT of **Rs. 6000/-** is to be deposited / done in any branch of **Bank of India** in your City.

**NOTE: Please don't deposit 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)**

### 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

Send the softcopy of Exam application form and Bank Pay-in-slip To: [ims.cimp.examination@gmail.com](mailto:ims.cimp.examination@gmail.com) with copy to: [ashwinibgandhi@rediffmail.com](mailto:ashwinibgandhi@rediffmail.com) **(It is MANDATORY to send Mail on Both Mail IDs)**

**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 ☐ Copy of Bank-Pay-in-slip

## IMS Exam Application Form

Name (in block 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. Ashwini Bhalerao Gandhi**  
Chairperson Exam Committee  
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