



Indian Menopause Society



Dr. Anju Soni
President

Dr. Bipasa Sen
Secretary General

IMS Menopause Practitioner Exam-2025

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/PG students,
- **It is pre-requisite to be an IMS LIFE MEMBER.**

PHOTO

Examination: January 2025, Sunday
Convocation: At IMSCON 2025, KANPUR

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

IMS Non - Member: Please take membership at least before 31st October 2024.

Please mention Membership Number: _____ Society/ Chapter name: _____

If not, then it is mandatory to become IMS member through IMS.

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

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: indianmenopausesociety2020@gmail.com
with copy to: ashwinibgandhi@rediffmail.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 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: _____

Telephone no (add STD code) _____ WhatsApp Mobile no.: _____

Email (In CAPITAL letters) _____ Qualification: _____

Profession: _____ Current Position _____

How long you have been practicing Obstetrics &Gynecology _____

Signature of the applicant:

Date:

<p>Late Dr. Saroj Srivastava Founder Chairperson</p>	<p>Dr. Ashwini Bhalerao Gandhi Chairperson Exam Committee M. 98200 65261 E-Mail: ashwinibgandhi@rediffmail.com</p>	
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