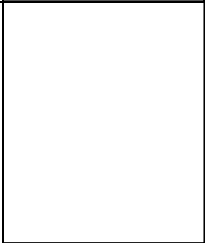




Indian Menopause Society

IMS Menopause Practitioner Exam-2019

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. & Gyne
- MS/MD/ DNB/PG students,
- **It is pre-requisite to be an IMS Life Member. IMS Life membership Fee is Rs. 5900/-**

Examination Date: 15th February, 2018,

Venue: Kolkata (IMSCON-2019): 15th, 16th & 17th February, 2019

Convocation: 17th February, 2019;

Last date for submission of form: 30TH November, 2018

Examination Fee: Rs. 6000/-

IMS non-member: Rs. 5900 + Rs. 6000 Total= Rs. 11900/-

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: _____ Chapter name: _____

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

A cheque of Rs. 11900/- is to be deposited 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 soft copy of Exam application form and Bank Pay-in-slip

To: examcommitteeims@gmail.com with copy to: indianmenopausesociety@gmail.com and

chellammavk@yahoo.co.in, 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 PG Certificate

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:.....

Dr. Saroj Srivastava

Founder Chairperson

09335188233,

0522-2321848

* **Dr. Chellamma V. K**

Chairperson Exam Committee

9447155887

chellammavk@yahoo.co.in

Address

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India