



Indian Menopause Society



Dr. Ambuja Chorapur
President

Dr. Sudhaa Sharma
Secretary General

IMS Menopause Practitioner Exam-2022

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: Will Be Announced**
Convocation Will Be Announced;
Examination Fee: Rs. 6000/-

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

sheela.mane29@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. Sheela Mane**

Chairperson Exam Committee

98450 38861 sheela.mane29@gmail.com

Address: Anugraha Nursing Home

No.2, Vinayaka circle palace, guttahali, Bangalore.

560003, India

Dr. Sandhya Dixit

Member,

Exam Committee

9246162579

Sandhyadixit9@yahoo.com