



# Indian Menopause Society



**Dr. Ambuja Choranur**  
President

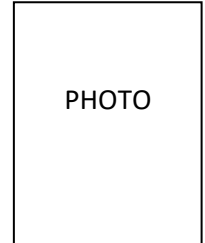
**Dr. Sudhaa Sharma**  
Secretary General

## Application for Renewal of CIMP Certificate

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

### Eligibility for Enrolment:

- Those who have completed 5 years of CIMP.
- Attained 70 credit hours in 5 years.



**Examination Date: Will Be Announced**  
**Convocation: Will Be Announced**

**Venue: Will Be Announced**

**Fee for Renewal of CIMP Certificate: Rs.3000**

## 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 \_\_\_\_\_

Year of Passing CIMP: \_\_\_\_\_

Please mention Membership Number: \_\_\_\_\_ Society/Chapter name: \_\_\_\_\_

A cheque / DD / NEFT of Rs. 3000/- 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, IFSC NO: BKID0000013 Bank of India, Cumbala Hill, Mumbai.

Send the soft copy of Exam application form and Bank Pay-in-slip To: [examcommitteeims@gmail.com](mailto:examcommitteeims@gmail.com) with copy to: [indianmenopausesociety2020@gmail.com](mailto:indianmenopausesociety2020@gmail.com) and [sheela.mane29@gmail.com](mailto: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
- Copy of CIMP Certificate
- Copy of IMS membership certificate
- Copy of Bank pay-in-slip

Signature of the applicant: .....

Date:.....

<p><b>Dr. Saroj Srivastava</b> Founder Chairperson 09335188233, 0522-2321848</p>	<p><b>* Dr. Sheela Mane</b> Chairperson Exam Committee 98450 38861 <a href="mailto:sheela.mane29@gmail.com">sheela.mane29@gmail.com</a> <b>Address:</b> Anugraha Nursing Home No.2, Vinayaka circle palace, guttahali, Bangalore. 560003, India</p>	<p><b>Dr. Sandhya Dixit</b> Member, Exam Committee  9246162579 <a href="mailto:Sandhyadixit9@yahoo.com">Sandhyadixit9@yahoo.com</a></p>
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