IMS Menopause Practitioner Exam – 2024

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

Eligibility for Enrollment:
- 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: 21st January 2024, Sunday
Venue: Online Virtual
Convocation: At IMSCON 2024, PRAYAGRAJ (Allahabad)
Examination Fee: Rs. 6000/-

IMS non-member: Please take membership at least before 30th November 2023.
IMS Members: Rs. 6000/-

Course material would be included in the fee.

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-00132011000011, Bank of India, Cumballa 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 drlrathna@gmail.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 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: __________________________

Late Dr. Saroj Srivastava
Founder Chairperson

Dr. Lakshmi R. Markani
Chairperson Exam Committee
M. 9848018061, E-Mail: drlrathna@gmail.com