



## **Application for Membership**

(Please read the instructions before filling the form)

1. Full Name:
2. Age/ Gender:
3. Qualifications:
4. Medical council registration number:  
(for physician applicants)
5. Category of membership requested:
6. Present designation:
7. Complete address of Institute/ Hospital:
  
8. Complete residential address:
  
  
9. Phone numbers: Office:
  1. Residence:
  2. Mobile number:
  3. Fax number:
10. Email id:
11. Whether a member of any other professional bodies:  
If yes, please state the names of the academic organizations with the membership number:

12. Educational qualifications (starting with graduation):

Degree	College/ University	Year of passing	Awards/ distinctions/ honours

13. Professional experience (in the chronologically descending order beginning with the current position):

Designation	Hospital/ Institute	Duration	Special experience/ honours if any

14. Additional academic achievements/ professional activities:

15. Areas of special interest:



16. List of publications (beginning with the most recent publication, list all publications in the last five years with the complete reference):



17. Proposed mode of payment: Cheque/ Demand draft/ Online transfer  
(Please note that the membership fee **should not** be submitted with the application form; payment through the preferred mode indicated here has to be made only after the membership is approved by the IAMG)

## **Undertaking by the applicant**

I hereby declare that the information I have provided in this application is correct to the best of my knowledge. I have read and understood the rules and regulations of the Indian Academy of Medical Genetics (IAMG). If granted membership of the IAMG, I agree to abide by the bylaws, procedures and regulations and I agree to disqualification from membership in the event that I violate any of the rules or regulations of the academy. I understand that the decision as to whether I qualify as a member of the IAMG rests solely and exclusively with the IAMG and that the decision of the IAMG is final.

Name of applicant:

Signature:

Date:

Place:

## Instructions for filling the form

- There are two categories of membership: Member and Associate member.
- The applicant is requested to read the qualifications/ eligibility criteria for each category given hereunder before applying for the appropriate membership category.
- Eligibility criteria for each type of membership:
  - i. Member**
    - The applicant must be a qualified clinical geneticist working in the field of medical genetics
    - He/ she must have all of the following as minimum qualifications:
      - a. Basic medical qualification in modern medicine recognized by the Medical Council of India: MBBS or an equivalent degree
      - b. A postgraduate medical degree recognized by the Medical Council of India: MD/MS/DNB or an equivalent degree
      - c. DM in Medical Genetics from a Medical Council of India recognized medical college or university or an equivalent degree from outside India which should be of at least two years duration. Those without a DM/ equivalent degree, but with a regular training of at least one year in medical genetics must have at least 2 years of experience in the area of medical genetics after obtaining the qualification
  - ii. Associate Member**
    - An associate member can be a non-physician with a PhD in genetics.
    - Clinicians with MBBS degree/ MD/MS degree and special interest in Medical Genetics can also be associate members.
    - Genetic counsellors with MSc (Master of Science) in Genetic Counseling (of at least two years duration, full time, in a clinical genetics setting-hospital with medical genetics facility) from an Indian/foreign university also can be associate members.
- A self-attested photocopy of each degree/ fellowship/ training program mentioned in the form (graduation, postgraduation, DM, PhD etc.) and of the medical registration certificate (for physician applicants) should be sent along with the application form.
- The decision as to whether an applicant qualifies as a member/ associate member of the IAMG rests solely and exclusively with the IAMG and the decision of the IAMG is final.
- The membership fee is to be submitted only after the IAMG approves the membership of the applicant and the category of membership is established.
- The application form may be sent by ordinary/ registered post or courier to the address mentioned below or it may be sent as an attachment to the email id indicated



below. In case the application is sent through email, scanned copies of all the necessary documents (pertaining to qualifications) and a scanned copy of the undertaking form signed by the applicant have to be sent as additional attachments.

## Payment Options:

### Bank transfer

Account Name : SOCIETY FOR INDIAN ACADEMY OF MEDICAL GENETICS  
Account Number : 19971450000030  
Account Type : Saving  
Bank Name : HDFC Bank  
Branch : Koti (Branch code: 1997), Hyderabad, India  
IFSC Code : HDFC0001997

### Demand Draft/ Cheque should be drawn in favour of

SOCIETY FOR INDIAN ACADEMY OF MEDICAL GENETICS, payable at Hyderabad, India

## Membership fees:

Life membership fees: Rs. 5000/-

Annual membership fees: Rs. 1000/-

## Mailing details:

### Duly filled application forms to be sent by ordinary or registered post/ courier to:

Dr Ashwin Dalal  
Secretary, SIAMG  
Head, Diagnostics Division  
Centre for DNA Fingerprinting and Diagnostics  
4-1-714, Tuljaguda Complex Mozamzahi Road,  
Nampally Hyderabad Andhra Pradesh 500001 INDIA

The application form can also be sent by email, with scanned copies of the necessary documents to: [membership@iamg.in](mailto:membership@iamg.in)

For more details refer to the website: [www.iamg.in](http://www.iamg.in) or write to [info@iamg.in](mailto:info@iamg.in)