



**INDIAN ASSOCIATION OF BIOMEDICAL SCIENTISTS  
(IABMS)**  
(Reg. No. 5/1980)

**APPLICATION FOR  
FELLOW OF ASSOCIATION OF BIOMEDICAL SCIENTISTS  
(FABMS) TITLE**

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[Affix your recent  
Photograph here]

**(Enclose two passport size  
Photographs - One affixed  
above and one separately in a  
cover)**

**Section – A (Personal details)**

1. *Name of the IABMS Life Member* :
2. *Age, Date of Birth and Sex* : Age: \_\_\_ Years;  
Date of birth:  
Sex: Male/Female
3. *Address for Communication* :
4. *Permanent Address* :
5. *Life Membership No. of the applicant* : L.M. No.:  
Year of Registration :
6. *Approximate no. of Annual Conferences  
and Annual General Body meetings  
of IABMS Attended by the Life Member* :

## Section – B (Details of educational qualification/affiliation)

7. *Educational qualification* :

Degree	University / Institution	Year of Passing	Class / Grade	Subject of specialization

8. *Details of positions held* :

S.No.	Designation/name of the post	Name of the Institution	Years of Service

## Section – C (Details of contribution towards Academic and Research Activity)

9. *Contribution towards academic / teaching activity* : No. of Ph.Ds awarded (as research guide)  
No. of M.Phils awarded (as research guide)  
No. of Post Graduates taught  
No. Of New courses introduced (if any)  
Any other contribution in academics

10. *Contribution towards research* :

A. *Research Projects handled (Provide details of Ongoing and Completed Research Projects in chronological order)*

No.	Title of the Research Project	Name of the Funding agency	Fund generated (in Rs.)	Date of Initiation of project	Date of completion of project

*B. Consultancy Projects handled (Provide details of Ongoing and Completed Consultancy Research Projects in chronological order)*

No.	Title of the Research Project	Name of the Funding agency	Fund generated (in Rs.)	Date of Initiation of project	Date of completion of project

*C. Details of Research Publications (Provide details of papers published in International and National Journals, their impact factor-proofs to be enclosed)*

S.No.	Name of authors, title of the paper, year , volume and page no. of publication. (preferably in Vancouver style)	Impact Factor

*D. Details of Books / Research manuals published / Chapters in Books*

S.No.	Title of the Book / Manual / Chapter in Book	Particulars of Publisher	Year of publication

*E. Details of Papers presented in conferences/seminars/symposia (proofs to be enclosed)*

S.No.	Name of authors, title of the paper, year , volume and page no. of publication. (preferably in Vancouver style)	Name of the Conference/Seminar/ Symposia – National / International / Regional

*F. Details of Work shops / Seminars / Conferences / Orientation or Refresher courses / Any other Academic / Research activities organized (proofs to be enclosed)*

S.No.	Title of the Workshops / Seminars / Conferences / Orientation or Refresher courses / Any other Academic / Research Activities Organized	Duration of the course	Functioned as Organizer / Co organizer

*G. Details of Patent applied / Registered / Received (if any)*

<b>S.No.</b>	<b>Particulars of Patents obtained</b>	<b>Year</b>	<b>Country</b>

*H. Details of Countries visited for Academic / Research Activities*

<b>S.No.</b>	<b>Details of Country visited – purpose of visit</b>	<b>Duration of visit</b>

*I. Details of Awards / Medals (if any) received (proofs to be enclosed)*

<b>S.No.</b>	<b>Details of Name and Title of the Award</b>	<b>Awarding Institution / Agency</b>	<b>Year</b>

*11. Detail of contribution towards extension activity (Provide details of extension activity)*

<b>S.No.</b>	<b>Details of the Extension Activity</b>	<b>Period of Activity</b>	<b>Out come of activity</b>

*12. Your Contribution to Indian Association of Biomedical Scientists (if any):*

*13. Any other matter you wish to specify:*

*14. Details of DD payments* : DD No.: \_\_\_\_\_ Dated: \_\_\_\_\_  
Name of the Bank: \_\_\_\_\_  
Amount paid:

Note: Kindly draw a crossed Demand Draft in favour of IABMS, Chennai, payable at Chennai.

*15. Particulars of Proposer and Seconder of the application :*

Proposer :  
(Kindly provide the Name, affiliation, address and L.M. No. of the Proposer)

Signature of the proposer

Seconder :  
(Kindly provide the Name, affiliation, address and L.M. No. of the Seconder)

Signature of the proposer

**DECLARATION OF THE APPLICANT**

I hereby declare that all the information / data provided in the above FABMS application form are true and best of my knowledge.

I hereby under take, on conferment of Fellowship title (FABMS), to abide by the rules and regulations of IABMS and work for the upliftment of the academic and research activities of the Association.

Station:

Signature of the Applicant

Date:

Format of Cover letter:

**Application for FABMS Fellowship Title**

From

To

**Dr. S. Karthikeyan, Ph.D.,**  
The General Secretary (IABMS),  
Dept. of Pharmacology and Environmental Toxicology,  
Dr. ALM PGIBMS,  
University of Madras,  
Taramani, Chennai-600 113.

Sir,

Sub: Submission of application for the award of FABMS Title – reg.

Please consider me as an applicant for the award of Fellow of Association of Biomedical Scientists (FABMS) title. Herewith I have enclosed my application form duly filled along with necessary proof of evidences for fulfilling the requirements for the above title. I am a Life Member (L.M. No. \_\_\_\_\_) of IABMS for the past \_\_\_\_\_ years and I consider myself eligible to apply for the FABMS title award.

I have also enclosed a DD for Rs. 5,000/- (DD No.: \_\_\_\_\_, Dated: \_\_\_\_\_, Drawn from \_\_\_\_\_), in favour of IABMS, payable at Chennai.

Thanking you,

Yours sincerely,

Station:

Date:

## **ELIGIBILITY STIPULATIONS FOR THE FABMS TITLE**

The IABMS honor its eligible Life Members and outstanding researchers in Biomedical Scientists by awarding the Fellowship Title namely the FABMS (Fellow of Association of Biomedical Scientists) Title.

*The eligibility criteria for FABMS title are:*

- i) The applicant must be an Indian citizen and aged above 45 years.
- ii) The applicant, a Biomedical Scientist must be a Life-Member of IABMS for a minimum period of five (5) years and he/she should have attended the Annual Conference of IABMS, conducted for a minimum of three (3) years and / or
- iii) The applicant (a Life-Member) must have a minimum of fifteen (15) years of outstanding experience in Research in the field of Biomedical research as evidenced by publications in peer reviewed indexed journals and with other academic accomplishment as authorship in books, awards received from other Associations / Institutions.
- iv) The applicant must hold a Post-Graduate degree in the field of Biomedical Sciences, Life Sciences, Medicine, Indian Systems of medicine, Bio-medical Engineering and allied studies with research publications in indexed / cited / peer reviewed National and International journals.
- v) A sub-committee constituted by Executive Committee (EC) will scrutinize the applications received from FABMS title two months before the Annual Conference of IABMS every year. The report submitted by the scrutiny committee will be placed before the Executive Committee for its approval.
- vi) The Awardees will be intimated by the General Secretary and the FABMS Award will be given during the Annual Conference of the Association.
- vii) The Executive Committee has the right to limit the number of FABMS awards to a maximum of Eight to Ten applicants per year.