

IMA AWARDS NOTIFICATION – 2025

The State/Local Branches Presidents/Secretaries are advised to forward the nominations of the deserving candidates to IMA Headquarters, New Delhi latest by **20th November 2025** as per details given below:

FOR YOUNG DOCTORS (Male/Female)

1. IMA MSN Award:

Eligibility: Open to all MSN Members not more than 25 years of age

No. of Award : Three

2. IMA JDN Award:

Eligibility: Open to all JDN Members not more than 35 years of age

No. of Award : Three

FAMILY PLANNING (Male/Female)

3. IMA Dr. C.L. Jhaveri Family Welfare Planning Award for Individual Members.

Type of Award: Distinguished record of Service in Family Planning Work. Eligibility:

Open to all IMA members with 5 years' standing.

No. of Award : One

4. IMA Prof. Dr. (Mrs.) Rajam Authilingom Award

Type of Award: Recognition for work on Safe Motherhood Project

No. of Award : One

AWARDS GIVEN FOR RESEARCH (Male/Female)

5. IMA Dr. K. Sharan Cardiology Excellence Award:

Type of Award: Recognition of Medical men having specialization in the field of Cardiology or Cardiac Surgery or allied fields who have displayed excellence in academic work, service and research in the above fields.

Eligibility: Open to all members of IMA with not less than 20 years' continuous membership.

No. of Award : One

IMA DR. S. ARULRAJ AWARD FOR NATIONAL BEST DOCTOR

6. IMA Dr. S. Arulraj Award for National Best Family Doctor

Eligibility: Member of IMA. IMACGP is also preferable.
 Family Doctors in practice for 25 years – MBBS/PG
 Qualification for Family Doctor 20 years (MD/DNB/FRCGP)
 Contribution to IMA – Academic / Administration
 Contribution to IMACGP – Academic / Administration.
 Contribution to Patient care – Clinics, Home care etc.
 Patient Accolades – 10 at least.
 Local IMA/IMACGP Recommendation.

No. of Award : One

ORATION (Male/Female)

7. IMA Dr. Jagdishwari Mishra Oration Award (Surgery & Medicine in relation to Obstetrics and Gynaecology)

Type of Award: Oration (Subject of Oration to be selected by the Orator.)

Eligibility: Open to all IMA Life Members.

Topic By IMA HQs

No. of Award : One

8. IMA Prof. Shridhar Sharma Oration Award

Type of Award: Oration

Eligibility: Open to all IMA Life Members.

Topic By IMA HQs

No. of Award : One

9. IMA Dr. and Mrs. Vemuri S Murthy Annual Oration Award (Excellence in Cardiac Health and Resuscitation Medicine in India)

Type of Award: Oration

Eligibility: Open to all IMA Life Members.

Topic By IMA HQs

No. of Award : One

OUTSTANDING & DISTINGUISHED SERVICES AWARD (Male/Female)

10. IMA Dr. A.K.N. Sinha National Award (Alkem):

Type of Award: Recognition of outstanding and distinguished services to medical profession.

Eligibility: Open to all members of IMA with minimum 20 years' Standing.

No. of Award : One

11. IMA Dr. Jyoti Prashad Ganguli Memorial Award:

Type of Award: Award to be given to the Local Branch or Individual Members of IMA having Distinguished Record of selfless community service amongst the less fortunate in rural areas.

Eligibility: Open to all members of IMA with not less than 20 years' continuous membership. No. of Award : One

12. IMA Dr. M.G. Garg All Time Achievement Award:

Type of Award: Recognition of outstanding and distinguished services to medical profession.

Eligibility: Open to all members of IMA with minimum 20 years' Standing

No. of Award : One

13. IMA Dr. V. Parameshvara Award for Lifetime Achievement in Medicine and Commitment to the Art of medicine:

Type of Award: Recognition of outstanding and distinguished services to medical profession.

Eligibility: Open to all members of IMA with minimum 20 years' Standing.

No. of Award : One

PRESIDENT APPRECIATION AWARD with Number of Awards

14. IMA National President's Appreciation Award for Best adjudged President of State/Terr. Branch – for five Awards
15. IMA National President's Appreciation Award for Best adjudged Hony. State Secretary of State/Terr. Branch - for five Awards
16. IMA National President's Appreciation Award for Best adjudged President of a Local Branch - for ten Awards
17. IMA National President's Appreciation Award for Best adjudged Hony. Secretary of a Local Branch - for ten Awards
18. IMA National President's Appreciation Award
19. IMA National President's Appreciation Award for Maximum Units of Blood Collected Trophy of a Local Branch - for one Award
20. IMA National President's Appreciation Award for Best Wing of IMA - for one Award
21. IMA National President's Appreciation Award for Best Scheme of IMA - for one Award
22. IMA National President's Appreciation Award for Women for Best Social activity - for one Award
23. IMA National President's Appreciation Award for Best Cultural activity (one Male and one Female)
24. IMA National President's Appreciation Award for Best Sports activity (one Male and one Female)

MEMBERSHIP DEVELOPMENT AWARD

25. Best IMA Local Branch Rotating Trophy of Gujarat State Branch (For Major Branch > 500 members) – for five Award.

PUBLICATION AWARDS

26. IMA News Bulletin Award for State – for two Awards
27. IMA News Bulletin Award for Branch – for two Awards

Dr. Dilip Bhanushali
National President, IMA

Dr. Sarbari Dutta
Hony. Secretary General, IMA

ASSESSMENT CRITERIA FOR STATE /LOCAL BRANCHES AWARDS:

1. The performance of the State Branch/Local Branch Presidents and Secretaries will be assessed based on the activities carried out during the year under their leadership.
2. The President/Hony. Secretaries, State and Local Branches intending to compete for the above Award for the year 2024-2025 are requested to send in their reports as per the enclosed Performa so as to reach the undersigned latest by 20th November, 2025 positively. Nominations received after that shall not be taken into consideration.
3. The Local Branches should route their entries through their respective State/Terr. Branches.
4. The Awards will be presented to the winning Local Branch/State Branch Presidents and Secretaries at the All India Medical Conference NATCON-2025.
5. Awardees need to essentially register for the IMA Annual National Conference, NATCON-2025

Dr. Dilip Bhanushali
National President, IMA

Dr. Sarbari Dutta
Hony. Secretary General, IMA

Indian Medical Association (HQs.)
IMA House, Indraprastha Marg, New Delhi

PROFORMA FOR AWARDS FOR INDIVIDUAL MEMBERS: -

Please submit one proforma for one Award (Please see attached criteria). Please tick in only one box below: -

- | | |
|--|--------------------------|
| 1. IMA MSN Award | <input type="checkbox"/> |
| 2. IMA JDN Award | <input type="checkbox"/> |
| 3. IMA Dr. C.L. Jhaveri Family Welfare Planning Award for Individual Members | <input type="checkbox"/> |
| 4. IMA Prof. Dr.(Mrs.) Rajam Authilingom Award | <input type="checkbox"/> |
| 5. IMA Dr. K. Sharan Cardiology Excellence Award | <input type="checkbox"/> |
| 6. IMA Dr. A.K.N. Sinha National Award (Alkem) | <input type="checkbox"/> |
| 7. IMA Dr. Jyoti Prashad Ganguli Memorial Award | <input type="checkbox"/> |
| 8. IMA Dr. M.G. Garg All Time Achievement Award | <input type="checkbox"/> |
| 9. IMA Dr. S. Arulraj Award for National Best Family Doctor | <input type="checkbox"/> |

To,
The Hony. Secretary General
Indian Medical Association
IMA House, IP Marg New Delhi.

Dear Sir,

For the above-mentioned award(s), as per the enclosed criteria, we have great pleasure to nominate: -

Name: Dr. _____
Designation: _____
Address: _____
Mobile No. : _____ Email ID: _____
State & Local Branch: _____
LM No. of Nominee: _____

Salient achievements during the year. (Please attach brief Bio-data & provide details in separate sheets):

Academic Activities _____
Articles/Orations/Publications / Others _____

TO BE FILLED IN BY THE NOMINEE

I agree to my nomination being for above mentioned award of IMA. I affirm that the above information mentioned in my respect is correct and true to the best of my knowledge and belief and that the decision of the Indian Medical Association (HQs.) shall be final and will be acceptable to me.

Signature of the Nominee _____ Date: _____

Proposed by: Name: _____
Designation: _____
State & Local Branch: _____
Mobile No. : _____ Email ID: _____
Signature of the Proposer _____ Date: _____

| | |
|---|---|
| AWARD APPLICATION FEE (PER APPLIED AWARD) Rs.2000/- + 18% GST Application Fee Rs.2000/- GST Rs.360/- Total Amount of Fee Rs.2360/- | Bank Details for RTGS/NEFT/IMPS/UPI Name of Account Holder: - INDIAN MEDICAL ASSOCIATION Bank Account No : 90672010029369 IFSC Code: CNRB0019067 Name of Bank – Canara Bank Bank Address : C R Building, I P Marg, New Delhi – 110002. |
|---|---|

You are requested to kindly attach or share UTR or Bank Acknowledgment receipt with Award Application form for further verification of Bank Transaction.

Indian Medical Association (HQs.)
IMA House, Indraprastha Marg, New Delhi

PROFORMA FOR ORATION AWARDS: -

Please submit one proforma for one Award (Please see attached criteria). Please tick in only one box below: -

- | | |
|----|---|
| 1. | IMA Jagdishwari Mishra Oration Award (Surgery & Medicine in relation to Obstetrics and Gynaecology) |
| 2. | IMA Prof. Shridhar Sharma Oration Award |
| 3. | IMA Dr. V. Parameshvara Award for Lifetime Achievement in Medicine and Commitment to the Art of medicine: |

To,
The Hony. Secretary General
Indian Medical Association
IMA House, IP Marg New Delhi.

Dear Sir,

For the above-mentioned award(s), as per the enclosed criteria, we have great pleasure to nominate: -

Name: Dr. _____
Designation: _____
Address: _____
Mobile No. : _____ Email ID: _____
State & Local Branch: _____
LM No. of Nominee: _____

Salient achievements during the year. (Please attach brief Bio-data & provide details in separate sheets):

Academic Activities _____
Articles/Orations/Publications / Others _____

TO BE FILLED IN BY THE NOMINEE

I agree to my nomination being for above mentioned award of IMA. I affirm that the above information mentioned in my respect is correct and true to the best of my knowledge and belief and that the decision of the Indian Medical Association (HQs.) shall be final and will acceptable to me.

Signature of the Nominee _____ Date: _____

Proposed by: Name: _____
Designation: _____
State & Local Branch: _____
Mobile No. : _____ Email ID: _____
Signature of the Proposer _____ Date: _____

ASSESSMENT CRITERIA FOR IMA AWARDS FOR ORATION AND INDIVIDUAL

1. Only Life Members of IMA may apply for IMA Award.
2. The nomination should reach the undersigned latest by November 20th, 2025 positively. Nominations received after that shall not be taken into consideration.
3. The Awards will be presented at the All India Medical Conference. NATCON-2025 Awardees need to essentially register for the IMA Annual National Conference
5. Brief Bio-Data of the nominee should be enclosed with the Proforma.
6. Details of Publications / Orations during the year to be enclosed
7. Details of Academic Work done during the year should be highlighted.

Dr. Dilip Bhanushali
National President, IMA

Dr. Sarbari Dutta
Hony. Secretary General, IMA

Indian Medical Association (HQs.)
IMA House, Indraprastha Marg, New Delhi
PROFORMA FOR AWARDS FOR STATE / LOCAL BRANCHES: -

Please submit one proforma for IMA National Awards as under (Please see attached criteria). Please tick in only one box below Use separate Proforma for additional IMA Award nominations: -

1. IMA National President's Appreciation Award For Best Adjudged President of State Branch.
2. IMA National President's Appreciation Award For Best Adjudged Hony.State Secretary Of State/Terr. Branch.
3. IMA National President's Appreciation Award For Best Adjudged President of a Local Branch.
4. IMA National President's Appreciation Award For Best Adjudged Hony. Secretary Of a Local Branch.
5. IMA Maximum Units of Blood Collected Trophy for Local Branch

| |
|--|
| |
| |
| |
| |
| |

Name : _____ Designation: _____
Address: _____
Mobile No. : _____ Email ID : _____
State Branch: _____ Local Branch: _____

No. of salient activities by State / Branch / academic Wings of IMA during the year (Write Numbers and Pl. provide details in separate sheets):

| No. of Blood Donation Camps & No. of Units collected | Community Projects undertaken | Family Welfare activities | Disaster Relief Activities | Immunization camps | Other important medical Days Activities | Palliative Care | IMA Guest House | Blood Bank of Branch | Geriatric Care | Govt. Health Programs conducted | Legal Matters resolved | Membership as on 31-3-2025 | | No. of new members enrolled from 1-4-2024 till 31-3-2025 | | Other activities: Participation in International/ National/State IMA Events, Social & Cultural Activities |
|--|-------------------------------|---------------------------|----------------------------|--------------------|---|-----------------|-----------------|----------------------|----------------|---------------------------------|------------------------|----------------------------|--------|--|--------|---|
| | | | | | | | | | | | | Life Mem. | Annual | Life Mem. | Annual | |
| | | | | | | | | | | | | | | | | |

Whether received any IMA Awards previously? If so, give particulars. _____

Any other information highlighting performance: _____

Proposed By: Name: _____ Designation: _____ Signatures: _____ Date: _____

| | | | |
|--|-----------|--|--|
| AWARD APPLICATION FEE (PER APPLIED AWARD) Rs.2000/- + 18% GST | | Bank Details for RTGS/NEFT/IMPS/UPI | |
| Application Fee | Rs.2000/- | Name of Account Holder: - INDIAN MEDICAL ASSOCIATION Bank Account No : 90672010029369 IFSC | |
| GST | Rs.360/- | Code: CNRB0019067 | |
| Total Amount of Fee | Rs.2360/- | Name of Bank – Canara Bank, Bank Address : C R Building, I P Marg, New Delhi – 110002. | |

You are requested to kindly attached or share UTR or Bank Acknowledgment receipt with Award Application form for further verification of Bank Transaction.

ASSESSMENT CRITERIA FOR STATE /LOCAL BRANCHES AWARDS:

1. The performance of the State Branch/Local Branch Presidents and Secretaries will be assessed based on the activities carried out during the year under their leadership.
2. The President/Hony. Secretaries, State and Local Branches intending to compete for the above Award for the year 2024-2025 are requested to send in their reports as per the enclosed Performa so as to reach the undersigned latest by 20th November 2025 positively. Nominations received after that shall not be taken into consideration.
3. The Local Branches should route their entries through their respective State/Terr. Branches.
4. The Awards will be presented to the winning Local Branch/State Branch Presidents and Secretaries at the All India Medical Conference NATCON -2025 in December, 2025.
5. Awardees need to essentially register for the IMA Annual National Conference **NATCON in December, 2025.**

Dr. Dilip Bhanushali
National President, IMA

Dr. Dr Sarbari Dutta
Hony. Secretary General, IMA

PROFORMA FOR ROTATING TROPHY FOR BEST OVERALL PERFORMANCE BY A LOCAL BRANCH

In accordance with the Rules and Regulations of IMA Awards, an IMA Rotating Trophy shall be awarded to a Local Branch in each of the under mentioned three categories for the best overall performance during the year 2024-2025 (1st April 2024 to 31st March 2025.)

1. IMA Gujarat State Branch Rotating Trophy (For a Major Branch with membership more than 500).

Criteria for Rotating Trophy for the Best Branch of IMA.

- The performance will be assessed as per criteria laid down in the proforma as under.
- The Local Branches intending to compete for the Trophy are requested to send their reports through their State/Terr. Branch so as to reach IMA HQs. office 20th November, 2025.

Name : _____

Designation: _____

Address: _____

Mobile No. : _____

Email ID : _____

State Branch: _____

Local Branch: _____

:

Membership Strength: **As on 31-3-2024:** _____ **As on 31-3-2025** _____

No. of salient activities by State / Branch / academic Wings of IMA during the year (Write Numbers and Pl. provide details in separate sheets):

| No. of Blood Donation Camps & No. of Units collected | No. of Community Projects undertaken | No. of Family Welfare activities | No. of Disaster Relief Activities | No. of Immunization camps | No. of Other important medical Days Activities | No. of Palliative Care | IMA Guest House | Blood Bank of Branch | No. of Geriatric Care Camps | No. of Govt. Health programs conducted | Legal Matters resolved | Membership as on 31-3-2025 | | No. of new members enrolled from 1-4-2024 till 31-3-2025 | | Other activities: Participation in International/ National/ State IMA Events, Social & Cultural Activities |
|--|--------------------------------------|----------------------------------|-----------------------------------|---------------------------|--|------------------------|-----------------|----------------------|-----------------------------|--|------------------------|----------------------------|--------|--|--------|--|
| | | | | | | | | | | | | Life Mem. | Annual | Life Mem. | Annual | |
| | | | | | | | | | | | | | | | | |

Whether received any IMA Awards previously? If so, give particulars. _____

Any other information highlighting performance: _____

Proposed By: Name: _____

Designation: _____ Signatures: _____ Date: _____

AWARD APPLICATION FEE (PER APPLIED AWARD) Rs.2000/- + 18% GST

Application Fee Rs.2000/-

GST Rs.360/-

Total Amount of Fee **Rs.2360/-**

Bank Details for RTGS/NEFT/IMPS/UPI

Name of Account Holder: - INDIAN MEDICAL ASSOCIATION Bank Account No : 90672010029369 IFSC

Code: CNRB0019067

Name of Bank – Canara Bank , Bank Address : C R Building, I P Marg, New Delhi – 110002.

You are requested to kindly attached or share UTR or Bank Acknowledgment receipt with Award Application form for further verification of Bank Transaction.