

INDIAN MEDICAL ASSOCIATION

IMA HOUSE, INDRAPRASTH MARG, NEW DELHI-110002

Tel.: +91-11-2337 8680, 2337 0473 | Fax: +91-11-2337 9470 | E-mail: inmedici@vsnl.com

MEMBERSHIP APPLICATION FORM

Photo

ROWN MEDICAL ASSOCIATION	Annual/Life/Direct Membership Application Form (All details to be filled in Block Letters)					Member's Signature			
Membership Proposed by Dr. To, The Honorary Secretary Gei MA House, I.P. Marg, New De Dear Sir,		IMA Hq	ırs.' Mem	bership	No				
hereby apply to be enrolled	as a member of the Indian Med	lical Associatio	n as		mer	nber t	hrou	gh	
Local Branch	under the		Sta	te/Territ	torial B	ranch	of IN	ΛA	
Member's Name (as per MCI/	SMC Certificate) IN BLOCK LETT	TERS							
			TIT	TT	П				
Fatheria/Hushandia Name		Data	of Dioth	חחו	EA LAA	YY	TY	V	
	ondence)								
	Tel. (R)	Tel. (Cli	95	ital)					
E-mail ID		Fax	x No					_	
QUALIFICATION	M.B.B.S. (1)	(2)			(3)			
COLLEGE								4	
UNIVERSITY	<u></u>								
Designation (Practice/Job)				· · · · · · · · · · · · · · · · · · ·				_	
Registration Details (Photoco	py of Registration Certificate to be	enclosed with IM/	A Hqrs. Fo	rm)					
Registration No. of Medical	Council of India/State Council _			Date	e			-	
Service (Details)							at	_	
all details/documents furnished are incorrect my membership would sta	ICI/State Medical Council. I certify that e true. If my statement is found to be and to be cancelled and the fee paid by e to be forfeited by them. I hereby give Rules and Regulations of IMA.			Signatu	re of tl	ne Apr	olicar	– nt	
Certified that I have verified the quali applicant and his / her eligibility a enrolled as member of the Indian M to Hony. Secretary General along with	as per rules of IMA for being Medical Association. Forwarded		-		Signatu	re & St	amp o	of	
Forwarded to IMA Hqrs. alor	Received at IMA Hqrs. alongwith HFC on Membership confirmed on								
Signature & Stamp of Hony	. State Secretary	Signature 8	k Stamp o	f Hony.	Secret	ary Ge	nera	ī	

N.B.: The Local Branch Secretary will keep a photocopy of this form & forward the original form to State/Terr. Branch Secretary alongwith Admission Fee & HFC and the State will also retain a photocopy of this form & send the original form along with Admission Fee and HFC to IMA HQs. for proper record maintaining. The Journal office will be informed by the Hony. Secretary General by providing addressograph list to JIMA. Membership will commence only after it is approved and confirmed by the Hony. Secretary General, IMA (HQs.)