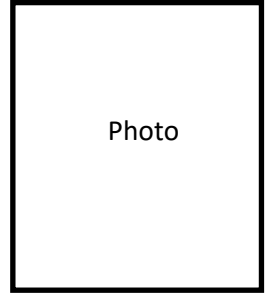


IMA TAMILNADU ACADEMIC CELL

APPLICATION FORM

Course:.....



1. Name (in Capital Letters) :
2. Date of Birth & Age :
3. Sex : Male / Female :
4. Father's / Husband Name :
5. Nationality :
6. Address :
7. Mobile No. :
8. E Mail id :
9. Medical Council Registration Number & Year :
10. IMA Local Branch :
11. IMA Life Membership No :
12. Qualification :

Mode of Payment (Demand Draft in favour of -**"IMA Tamilnadu Academic Cell"** payable at **"Chennai"**).

Rs. _____ D.D. No. _____ Date _____ Bank _____

Date :

Signature

(Filled form send to: Dr.B.Sridhar, Hony. State Secretary-IMA TNSB, IMA Tamilnadu HQs. Building, Doctors Colony, Bharathi Nagar First Main road, Off: Mudichur Road, Tambaram West, Chennai-600 045.)