



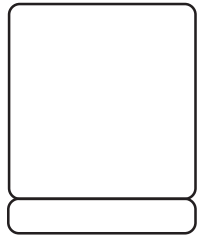
INDIAN MEDICAL ASSOCIATION

I.M.A. HOUSE, INDRAPRASTHA MARG, NEW DELHI – 110 002.

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

MEMBERSHIP APPLICATION FORM

Annual / Life / Direct Membership Application Form
(All details to be filled in Block Letters)



Member's Signature

Membership Proposed by Dr. _____ IMA Hqrs. Membership No. _____

To
The Honorary Secretary General, IMA
IMA House, I.P. Marg, New Delhi – 110 002.

Dear Sir,

I hereby apply to be enrolled as a member of the Indian Medical Association as **LIFE SINGLE / LIFE COUPLE** member through Local Branch _____ under the **TAMIL NADU** State / Territorial Branch of IMA. Member's Name as per MC / SMC Certificate : IN BLOCK LETTERS) : _____

Father's / Husband's Name : _____ Date of Birth : ____ / ____ / ____

Address (Permanent / Correspondence) _____

Pincode : _____

Clinic / Hospital Address _____

Mobile No. _____ Tel. (R) _____ Tel. (Clinic/Hospital) _____

E.mail ID _____ Aadhar No. _____ (enclose xerox copy)

QUALIFICATION	M.B.B.S. (1)	(2)	(3)
COLLEGE			
UNIVERSITY			

Designation (Practice / Job) : _____

Registration Details : (Photocopy of Registration Certificate to be enclosed with IMA Hqrs. Form)

Registration No. of Medical Council of India / State Council _____ Date : _____

Service (details) : _____

I declare that I am registered with MCI / State Medical Council, I certify that all details / documents furnished are true. If my statement is found to be incorrect Date : _____ my membership would stand to be cancelled and the fee paid by me to all sections of IMA will be liable to be forfeited by them. I hereby give undertaking that I shall abide the Rules and Regulations of IMA. Place : _____ Signature of the Applicant

Certified that I have verified the qualification and registration of the applicant and his eligibility as per rules of IMA for being enrolled as member of the Indian Medical Association. Forwarded to the Hony. Secretary General along with HFC. Signature & Stamp of Hony. Secretary, Local Branch

Forwarded to IMA Hqrs. along with HFC on _____ Signature & Stamp of Dr. N.R.T.R. THIAGARAJAN Hony. State Secretary, IMA TNSB	Received at IMA Hqrs. along with HFC on _____ Membership confirmed on _____ Signature & Stamp of Hony. Secretary General
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NB : The Local Branch Secretary will keep a photocopy of this form & forward the original form to State / Terr. Branch Secretary along with 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 lists to JIMA.
Membership will be commence only after it is approved and confirmed by the Hony. Secretary General, IMA (HQs.)