INDIAN MEDICAL ASSOCIATION

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

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**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 member through Local Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_under the **TAMIL NADU** State / Territorial Branch of IMA. Member’s Name as per MC / SMC Certificate : IN BLOCK LETTERS) :

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

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| Clinic / Hospital Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No. Tel. (R) Tel. (Clinic/Hospital) E.mail ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aadhar No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enclose xerox copy)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 alldetails / 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 undertakingthat 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 IndianMedical Association. Forwarded to the Hony. Secretary General along with Signature & Stamp of HFC. 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** |
| 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.) |