



**INDIAN MEDICAL ASSOCIATION – TAMILNADU STATE BRANCH  
NURSING HOME AND HOSPITAL BOARD**



**APPLICATION FOR ENROLLMENT**

(To be filled in BLOCK LETTERS only)

**I GENERAL INFORMATION**

Name of Health Care Unit	:	
24 Hrs.	:	<input type="text"/> Y <input type="text"/> N
Address	:	
City / Taluk	:	
District	:	
PIN	:	
Mobile Phone(s)	:	
Email Id	:	
Website	:	
<b>Hospital Details</b>		
Types of ownership	:	Proprietary / Partnership/ Pvt. Ltd./ Charitable Trust
Hospital Type	:	Multi Speciality / Single Speciality
If single specialty please mentions the speciality : _____		

**II DETAILS OF BEDS – ROOM STATUS**

Type of Bed	No. of Beds
General Ward - Male	
General Ward - Female	
Single Bed	
Twin Sharing	
A.C. / Deluxe / Suite	
Day Care	
Total	

**III DETAILS OF BEDS – OXYGEN STATUS**

Type of Bed	No. of Beds
ICU- BEDS	
OXYGEN - BEDS	
NON-OXYGEN - BEDS	
Total	

**IV. FACILITIE STATUS**

Emergency & Casualty	YES	NO
Intensive Care Unit:	YES	NO
Operation Theatre	YES	NO
CSSD/Sterilizations	YES	NO
Laboratory	YES	NO
Pharmacy	YES	NO
Kitchen /Mess	YES	NO
Bio-Medical Waste Dept.	YES	NO

**V. IMAGING SERVICES STATUS**

X-Ray	YES	NO
Portable X-Ray	YES	NO
Ultrasound	YES	NO
Mammogram	YES	NO
CT- SCAN	YES	NO
MRI	YES	NO
PET Scan	YES	NO
Nuclear Scan	YES	NO

**VII. NO. OF STAFF**

Doctors	
Nurses	
Pharmacist	
Technicians	
Housekeeping workers	
Admin Staffs	

Representing Doctor's Designation	:	
Representing Doctor's Name**	:	
IMA Life Member Number*	:	
IMA Branch in which the Representing	:	

**DECLARATION**

I hereby declare that my / our establishment will abide by the guidelines given by the Private Hospitals and Nursing Homes Board of IMA now and then, which is a basic qualification for enrollment/renewal in the Board.

I am also aware that the decisions of the State Council of IMA Tamilnadu State Branch are final with regard to any matter concerned with the Private Hospitals and Nursing Homes Board of IMA Tamil Nadu.

**HOSPITAL SEAL**

**(SIGNATURE OF THE REPRESENTING DOCTOR)**

**\*To be filled in by the IMA Branch in which representing Doctor is a Life Member.**

The above statements (with special reference to item No ....) made by the applicant have been verified to be true and is being recommended for enrolment in the Private Hospital and Nursing Home Board of IMA

**SEAL**

**Signature of the President/Secretary/  
of the Branch Concerned**

**DETAILS REGARDING ENROLLMENT FEE**

The Enrollment fee will have to be paid by Demand Draft drawn in favour of "IMA NHB GENERAL FUND" for Rs.5,000/- and "IMA NHB JOURNAL FUND" for Rs. 3,000/- payable at Tirunelveli.

**TOTAL MEMBERSHIP FEE Rs. 8,000/-**

DD No.: \_\_\_\_\_ Date: \_\_\_\_\_ Bank \_\_\_\_\_ Rs.5,000/- Place \_\_\_\_\_

DD No.: \_\_\_\_\_ Date: \_\_\_\_\_ Bank \_\_\_\_\_ Rs.3,000/- Place \_\_\_\_\_

This includes renewal of Hospital / Nursing Home in the Nursing Homes Directory and NHB Quarterly Journals.

Special contribution can be raised at the time of need as decided by the State Council for any special activities.

**Send the filled up application along with DD to:**

**Dr. R. Anburajan**  
**Secretary, NHB, IMA TNSB**  
Peace Health Centre,  
48.H/5, South Bye Pass Road,  
Near New Bus Stand  
Tirunelveli – 627005  
Ph : 0462 – 2909889  
( During hours : 9.30am to 6.30pm )  
Cell : 7548825544, 8778484015, 9442612138  
Email : imanhbtsnb@gmail.com  
Website : [www.imanhb.org](http://www.imanhb.org)

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**For Office Use:**

Received On : \_\_\_\_\_ Receipt No. : \_\_\_\_\_

Enrollment No. : **JM** \_\_\_\_\_ D.O.J : \_\_\_\_\_

Valid up to : \_\_\_\_\_

Certificate Sent on: \_\_\_\_\_ By Post / Courier No. \_\_\_\_\_

Authorization Signature of IMA NHB \_\_\_\_\_