

INDIAN MEDICAL ASSOCIATION TAMIL NADU STATE BRANCH APPLICATION FOR THE IMA MEMBERS WHO NEED TIMA NEWS LETTER AS A HARD COPY OR SOFT COPY

| 1. | Name of the IMA Doctor | |
|-----|------------------------------------|--------------------------------|
| 2. | IMA Life Membership Certificate No | |
| 3. | Branch | • |
| 4. | Mobile Number | : |
| 5. | What's Up Mobile Number | |
| 6. | Clinic/Hospital Name & Address | • |
| 7. | Postal Address | |
| | | |
| 8. | District | S ■ C |
| 9. | E-Mail ID | |
| 10. | I Need TIMA News Letter as | : ☐ Hard Copy (OR) ☐ Soft Copy |
| | Diagram & Date | 0' |
| | Place & Date : | Signature of Applicant |

From 1st January 2021 hard copy of 'TIMA News Letter' will be sent to those who opt for it, others will get soft copy only.