



IMA TNSB AMS WORKSHOPS APPLICATION FORM

Name of the Workshop :

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. : WhatsApp No.....
8. E Mail id :
9. Medical Council Registration Number & Year :
10. IMA Local Branch :
11. IMA Life Membership No :
12. IMA AMS Membership No. :
13. Qualification :
14. Course fee :

D.D./UPI/Ref No. _____ Date _____ Bank _____ (Account details:-**"Indian Medical Association AMS"** , Ac No. **75260100001890**, Bank: **Bank of Baroda, Theni** branch, IFSC: **BARBOTHENIX** (FIFTH CHARACTER IS ZERO) and inform State office.

Date :

Signature

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