



I.M.A. College of General Practitioners

Head Quarters

IMA TN State HQs. Doctors Colony, Via: Bharathi Nagar 1st Mn. Rd.,
Off: Mudichur Road, Tambaram West, Chennai-600 045.



APPLICATION FORM FOR LIFE MEMBERSHIP

(The information will be treated as confidential)

PLEASE WRITE CLEARLY

1. Name (in Block Letters) :
2. S/o W/o. :
3. Address (in Block Letters) :
for correspondence :
:

Contact No..... e mail id.....

4. Date of Birth..... Sex: Male / Female
5. Qualification (Degree&Diploma)
 1.University.....year.....3.University.....Year.....
 2.University.....year.....4.University.....Year.....
6. Registration with..... Medical Council Regd. No.....
7. Members of IMA throguhBranch.....State Branch
8. IMA Life membership No.
9. Status: General Practice/Specialist Practice/Govt. Service/Teaching Service

I hereby give an undertaking that I shall abide by the rules and regulations of IMA CGP and uphold and promote the aims of the College to the best of my ability.

Signature of the Applicant

FOR OFFICE USE ONLY

IMA BRANCH/SUB FACULTY IMA CGP

Forwarded to IMA CGP State Faculty
Membership fee remitted
Date:.....

Membership Approved Yes/No

**HONY. SECRETARY LOCAL BRANCH /
HONY. SECRETARY SUB FACULTY, IMA CGP**

(**Membership fee** to Ac name: **Indian Medical Association CGP**, Ac No. **75260100003929**, Bank: Bank of Baroda, Branch: **Theni**, IFSC: **BARBOTHENIX** (FIFTH CHARACTER IS ZERO).

Communication address: Dr. N.R.T.R. Thiagarajan, HONY STATE SECRETARY - IMA TNSB, IMA TNSB HQs. Building, Doctors Colony, Via- Bharathi Nagar First Main Road, Tambaram West, Chennai-600 045, Cell: 9087180123, email: imatamilnadu@gmail.com).

FOR OFFICE USE ONLY

IMA STATE OFFICE/STATE FACULTY IMA CGP

Forwarded to IMA CGP HQs. Chennai
Membership fee remitted
Date:

Membership Approved Yes/No

**HONY. STATE SECRETARY /
HONY. FACULTY SECRETARY, IMA CGP**

FOR OFFICE USE ONLY

HEAD QUARTERS IMA CGP

Received onForm and fee Rs.....by cash/DD/UPI No.....dt.....

Allotted membership No.....

Life Membership Certificate despatched on.....

**HONY. SECRETARY
IMA CGP HEAD QUARTERS**

Criteria to join CGP Courses: IMA membership and IMA CGP Membership.

IMA Membership: Contact any one of the IMA Branch Secretary, anywhere in India.

CGP Membership/CGP Course: Fill the form, take the signature of the Branch Secretary and make necessary payment **Rs. 1180/-** (1000+180 GST).

Ac name: **Indian Medical Association CGP**, Ac No. **75260100003929**, Bank: **Bank of Baroda**, Branch: **Theni**, IFSC: **BARB0THENIX** (FIFTH CHARACTER IS ZERO) and inform through email: **imatamilnadu@gmail.com**

Send the CGP application and the course application to the following address or email as shown above.

Dr. N.R.T.R. Thiagarajan,
HONY STATE SECRETARY - IMA TNSB,
IMA TNSB HQs. Building
Doctors Colony, Via- Bharathi Nagar First Main Road, Tambaram West,
Chennai-600 045
Cell: 9087180123
E.mail: imatamilnadu@gmail.com

For any clarification contact: Mr. Y. Chellathurai, Manager, IMA TNSB Wings.

Cell: 7338785360 / [9444561752](https://api.whatsapp.com/send?phone=9444561752) (WhatAapp)