



**IMA TNSB CGP COURSES  
APPLICATION FORM**

**Course:** .....

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 CGP Membership No. :
13. Qualification :
14. Course fee : Rs. 25,000/-

**Account details:** Ac name: **Indian Medical Association CGP**, Ac No. **75260100003929**, Bank: **Bank of Baroda, Theni** branch, IFSC: **BARB0THENIX** (FIFTH CHARACTER IS ZERO) and inform State office through email: [imatamilnadu@gmail.com](mailto:imatamilnadu@gmail.com)

**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.)**