



INDIAN MEDICAL ASSOCIATION

IMA HOUSE, INDRAPRASTHA MARG, NEW DELHI - 110 002

MEMBERSHIP APPLICATION FORM

Life / Ordinary / Direct (in Quadruplicate)

Membership No.

Membership proposed by Dr.....ofLocal Branch IMA

To
The Hony. General Secretary
IMA Headquarters Indraprastha Marg New Delhi - 110002

LOCAL BRANCH COPY

Dear Sir,

I hereby apply to be enrolled a member of the Indian Medical Association as :-

- (1) Branch Member of.....Local Branch under
.....State / Territorial Branch
- (2) Direct Member of IMA HQS / State.....

Please fill in (BLOCK LETTERS) :

NAME :.....

FATHER'S HUSBAND'S NAME.....

ADDRESS.....

.....Pincode.....

Tel No. (Clinic).....Residence.....Date of Birth.....

Mobile.....E-mail.....

Qualifications			
College			
University			

Registration No.....Date of Registration.....

Name of the Council of Registration.....

Are you in service Yes / No STATUS; GP / Consultant / Hospital Practice.

I hereby declare that the qualifications or at least one qualification (of the qualifications mentioned in my application) is recognised by the Medical Council of India and on that basis I am eligible to be registered with Medical Council of India or a State Medical Council.

If at any time my statement is found to be incorrect membership if granted will be liable to be cancelled and the fee paid by me to all sections of IMA will be liable to be forfeited to them.

I hereby give undertaking that I shall abide by the Rules and Regulations of IMA.

Date

Place

Signature of Applicant

Certified that I have verified the qualifications and registration of applicant and his eligibility as per Rules for being enrolled as member of the Indian Medical Association.

Forwarded to the Hony. State Secretary along with HFC.

Hony. Secretary.....Local Branch

Forwarded to IMA HQS on.....

Along with HFC

Received at IMA HQS along with HFC on.....

Membership confirmed on.....

Hony. State Secretary (Signature)

Hony. General Secretary (Signature)

Forwarded to JIMA along with HFC

NB: The form is to be filled in quadruplicate. The Secretary of the local branch shall retain the "Local Branch Copy" and send the remaining three copies to the State Territorial Branch along with HFC. "State Branch Secretary" shall forward the remaining copies duly signed to the Headquarters. IMA HQS will send copy to JIMA



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HEAD QUARTERS COPY

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