



INDIAN MEDICAL ASSOCIATION

I.M.A. HOUSE INDRAPRASTHA MARG, NEW DELHI - 110 002
Tel.: +91-11-2337 8680, 2337 0473 ; Fax : +91-11-2337-9470, E-mail : inmedici@vsnl.com



MEMBERSHIP APPLICATION FORM

Annual/Life/Direct Membership Application
(All details to be filled in Block Letters)



Membership Proposed by Dr. IMA Hqrs.' Membership No.....

To,
The Honorary Secretary General, IMA
I.M.A. House, I.P. Marg, New Delhi - 110 002

Dear Sir,

I hereby apply to be enrolled a member of the Indian Medical Association asmember
through Local Branch..... under the State/Territorial Branch of IMA

Member's Name (as per MCI/SMC Certificate ; IN BLOCK LETTERS) :

FATHER'S / HUSBAND'S NAME Date of Birth

DD	MM	YYYY
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Address(Permanent/Correspondence):.....

Clinic/Hospital Address :
.....
Mobile No. Tel. (R) Tel. (Clinic/Hospital).....
E-mail ID. Fax No.

QUALIFICATION	M.B.B.S. (1)	(2)	(3)
COLLEGE			
UNIVERSITY			

Designation (Practice/Job) :

Registration Details : (Photocopy of Registration Certificate to be enclosed with IMA Hqrs. Form)

Registration No. of Medical Council of India/State Council Date :

Service (details) :

I declare that I am registered with MCI/State Medical Council. I certify that all details/documents furnished are true. If my statement is found to be incorrect my membership would stand to be cancelled and the fee paid by me to all sections of IMA will be liable to be forfeited by them. I hereby give undertaking that I shall abide by the Rules and Regulations of IMA.
Date :
Place: Signature of the Applicant

Certified that I have verified the qualifications and registration of the applicant and his eligibility as per rules of IMA for being enrolled as member of the Indian Medical Association. Forwarded to the Hony. Secretary General along with HFC.
Signature & Stamp of Hony. Secretary, Local Branch

Forwarded to IMA Hqrs. alongwith HFC on	Received at IMA Hqrs. alongwith HFC on
Signature & Stamp of Hony. State Secretary	Membership confirmed on
	Signature & Stamp of Hony. State Secretary

NB : The Local Branch Secretary will keep a photocopy of this form & forward the original form to State/Terr. Branch Secretary along with Admission Fee & HFC and the State will also retain a photocopy of this form & send the original form along with Admission Fee and HFC to IMA Hqs. for proper record maintaining. The Journal office will be informed by the Hony. Secretary General by providing addressograph list of JIMA.
Membership will be commence only after it is approved and confirmed by the Hony. Secretary General, IMA (Hqs).



INDIAN MEDICAL ASSOCIATION

KANPUR BRANCH

37/7, "TEMPLE OF SERVICE" Parade, Kanpur - 208 001

Phones : 2367416, 3296247

MEMBER'S BIO-DATA

Name of Member

Blood Group

Address (Resi.)

Mobile No.: Ph. No.:

E-mail Address

Clinic / Work Place Address

..... Ph. No.:

Qualification / Speciality

Date of Birth Date of Marriage Anniversary

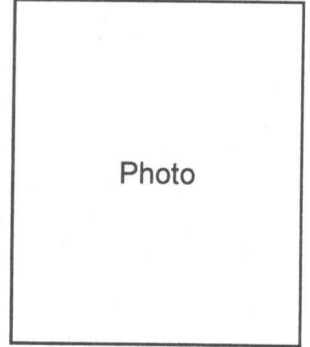
Spouse Name Whether Member

Date of Birth Blood Group

Wok Place Address

..... Mobile No.: Ph. No.:

Qualifications / Speciality



S.N.	Sons / Daughters	Age	Qualification / Achievements

(Signature of Member)