



# INDIAN MEDICAL ASSOCIATION

I.M.A. HOUSE INDRAPRASTHA MARG, NEW DELHI - 110 002

## MEMBERSHIP APPLICATION FORM

Life / Ordinary / Direct (in Quarduplicate)

Membership No. \_\_\_\_\_

Membership Proposed by Dr. \_\_\_\_\_ of **SALEM** Local Branch IMA

**HEADQUARTERS COPY**

To  
The Honorary Secretary General,  
Indian Medical Association  
I.M.A. House, Indraprastha Marg,  
New Delhi - 110 002.

Dear Sir,

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

1. Branch Member of **SALEM** Local Branch under **TAMIL NADU** State / Territorial Branch
2. Direct Member of IMA HQs / State **TAMIL NADU**

Please fill in (BLOCK LETTERS) :

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

FATHER'S / HUSNAND'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Pin Code No. \_\_\_\_\_

Tele No. (Clinic) \_\_\_\_\_ Residence \_\_\_\_\_ Date of Birth \_\_\_\_\_

QUALIFICATION			
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 atleast 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 or a State Medical Council.

If at any time my this statement is found to be incorrect, my 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 by them.

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

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature of Applicant

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

Forwarded to the Hony. Secretary General alongwith HFC.

Hony. Secretary \_\_\_\_\_ Local Branch

Forwarded to IMA HQS on _____ alongwith HFC	Received IMA HQS alongwith HFC on _____ Membership confirmed on _____
Hony. State Secretary (Signature)	Hony. Secretary General (Signature)
Forwarded to JIMA alongwith HFC.	

**NB : The form to be filled in quarduplicate. The Secretary of the local Brach shall retain the "Local Brach Copy" and send the remaining three copies to the State Terr. Branch alongwith HFC "State Brach Secretary" forward the remainiging copies duly signed to the Headquarters, IMA Headquarters will send copy to JIMA.**