



INDIAN MEDICAL ASSOCIATION

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

MEMBERSHIP APPLICATION FORM Life / Ordinary / Direct (in Quaduplicate)

Membership No.

Membership Proposed by Dr. _____ of **SALEM**

Local Branch IMA

JIMA 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 quaduplicate. 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 remaining copies duly signed to the Headquarters, IMA Headquarters will send copy to JIMA.