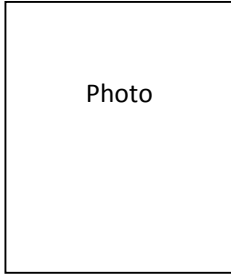




# INDIAN MEDICAL ASSOCIATION

I.M.A.HOUSE INDRAPRASTHA MARG, NEW DELHI-110002  
Tel. +91-11-23378680, 23370473; Fax: +91-11-23379470, E-mail: inmedici@vsnl.com  
**MEMBERSHIP APPLICATION FORM**  
Annual/Life/Direct Membership Application Form  
(All details to be filled in Block Letters)



Membership Proposed by Dr. \_\_\_\_\_ IMA Hqrs. Membership No. \_\_\_\_\_

To  
The Honorary Secretary General, IMA  
IMA House, I.P Marg, New Delhi-110002

Dear Sir,  
I hereby apply to be enrolled as a member of Indian Medical Association as \_\_\_\_\_ member 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 :- Date- Month- Year-

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 declared 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. Along with HFC on \_\_\_\_\_

Signature & Stamp of Hony. State Secretary

Received at IMA Hqrs. Along with HFC on \_\_\_\_\_  
Membership confirmed on \_\_\_\_\_

Signature & Stamp of Hony. Secretary General

NB: The Local Branch Secretary will keep a photocopy of this for & forward the original to State/Terr. Branch Secretary along with admission Fee & HFC and 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 to JIMA.

Membership will commence only after it is approved and confirmed by the Hony. Secretary General, IMA (HQs.)



# INDIAN MEDICAL ASSOCIATION LUDHIANA

IMA HOUSE, BRS NAGAR, LUDHIANA

## DIRECTORY INFORMATION PERFORMA

(Please fill in **CAPITAL LETTERS**)

PHOTO

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Education Qualification \_\_\_\_\_

Medical Council Registration No. \_\_\_\_\_

Designation \_\_\_\_\_

Address Home \_\_\_\_\_

\_\_\_\_\_

Pin \_\_\_\_\_ State \_\_\_\_\_

Phone(Landline) \_\_\_\_\_ Fax \_\_\_\_\_

Address Office \_\_\_\_\_

\_\_\_\_\_

Address for correspondence (Please Tick Mark):    HOME Address / OFFICE Address

E-mail \_\_\_\_\_

Mobile no: \_\_\_\_\_

\_\_\_\_\_  
Signature