



INDIAN MEDICAL ASSOCIATION
I.M.A. HOUSE INDRAPRASTHA MARG, NEW DELHI-110002
MEMBERSHIP APPLICATION FORM

Life/Ordinary/Direct (in Quarduplicate)

Membership No. _____

HEADQUARTERS COPY

Membership Proposed by Dr. _____ of _____ Local Branch IMA

To,
 The Honorary General Secretary,
 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 _____ Local Branch under
 _____ State/Territorial Branch
- 2) Direct Member of IMA HQs/State _____

Please fill in (BLOCKLETTERS):

SURNAME _____ FIRST NAME _____

FATHER'S/HUSBAND'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 ay 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. General Secretary 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, General Secretary (Signature)
Forwarded to JIMA alongwith HFC	

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