



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

Life/Ordinary/Direct (in Quarduplicate)

Membership No.

**LOCAL BRANCH 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  Hony, State Secretary (Signature)	Received IMA HQS alongwith HFC on _____ Membership confirmed on _____  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.