

Registration No:

IMA COLLEGE OF GENERAL PRACTITIONERS

IMA CGP HQ, IMA BUILDINGS, Doctors Colony, Via. Bharathi Nagar,
First Main Road, Off. Mudichur Road, Tambaram West, Chennai-600045
Web Site: imacgpindia.org, Email: imacgp.chennai@yahoo.com
Tel: 044-29000324, 044-29000325

APPLICATION FORM FOR REGISTRATION TO FCGP

EXAMINATION

Surname with initials: Dr. _____

(Block letters)

Father's/Husband's Name: _____

Sex (M/F) _____ Date of Birth ___/___/___ Marital Status _____

Correspondence Address: _____

Please paste
passport size
recent photograph
here

Tel No: _____

E-mail: _____ Fax: _____

Particulars of Medical Qualifications

Qualification	University	Year of Passing

I.M.A. Life Membership Number: _____

I.M.A.C.G.P. Life Membership Number: _____

Date and Registration number with M.C.I.: _____

Academic Career

Internship from _____ to _____

House Job from _____ to _____

Service _____

Practice _____
Others _____

EXAMINATION CENTRE PREFERRED

1. _____
2. _____
3. _____

I do hereby certify that particulars furnished by me in this application are true and correct to the best my knowledge and belief. In the event of application for registration being accepted I shall abide by all the regulations governing the examination of the IMACGP.

I agree to appear in any of the centers in order of preference or any other centre allotted. I note that if I do not appear in the examination for which I am registered. I shall have to inform in time as per rules to enable me to get a credit of 50% of the examination fee Rs.1000/-only for adjusting towards registration for subsequent examination, failing which, I shall forfeit the entire amount of Rs.1000/-.

I AFFIRM THAT THE DECISION OF THE IMA CGP (HQRS) IN THE MATTER OF CONDUCT OF THE EXAMINATION SHALL BE FINAL AND BINDING ON ME. I NOTE THAT NO CORRESPONDENCE SHALL BE ENTERTAINED BY THE IMA CGP OFFICE IN THIS MATTER.

Date _____

Signature of the Applicant

HONY. SECY. IMACGP (HQ.)	<p>ENCLOSURE (kindly out a tick mark)</p> <ol style="list-style-type: none">1. Attested copy of M.B.B.S. Degree2. Photocopy of Registration Certificate with Medical Council of India/State Councils3. Photocopy of life Membership certificate of IMA and IMACGP4. Log Book5. Demand draft for Rs. _____ drawn on _____ Bank.

Examination Centre allotted _____

Roll No. _____

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FORM TO BE FILLED BY CANDIDATE WHO HAVE TO REAPPEAR

ALL INDIA EXAMINATION FOR FELLOWSHIP MAY/NOVEMBER

Name in full Dr.:

Qualifications:

Address:

.....

E.Mail ----- Phone: ----- Fax:

Last appeared in the Examination held in May/November with Roll No.....

To reappear as under*

-Part I Written Paper – Paper*I *II *III *IV and /or *Part II (Oral & Practical) (*Delete not applicable)

REAPPERANCE FEES SCHEDULE

REGISTRATION FEES	Rs. 100.00
(Applicable to all Reappearance Candidates)	
Part I only	-Rs. 400.00
Part II only	-Rs. 300.00
Part I (One Paper) and Part II	-Rs. 550.00
Part I (Two Papers) and Part II	-Rs. 600.00
Part I (Three Papers) and Part II	-Rs. 700.00

Remitting Rs. by Bank Draft No.on. **“IMA CGP HQ”** payable at Chennai.

Examination Centre (Given in order of preference):

1. 2. 3.

- I affirm that the decision of the College Headquarters in the matter of conduct of the examination shall be final and binding on me.

-I not that if I do not REAPPEAR in the examination for which I am registered, I shall forfeit the entire amount paid as REAPPEARANCE FEE.

Date.....

Signature.....

FOR OFFICE USE ONLY

Reg. No.....

REAPPEARANCE FEE including Regn. Fee Received Rs.

Cash/Cheque/Draft No.....on.....bank.....

Fellowship fee Rs.600/- already received Yes/No

Life Membership fee Rs.450/-received Yes/No

Life Subscription of Family Medicine

India Rs. 800/- received Yes/No

Hony.Treasurer

APPLICATION IS IN ORDER

The candidate be registered with Roll No.for Examination to be held
at.....on.

Hony. Secretary or Dean of Studies or Controller of Examination