



# INDIAN MEDICAL ASSOCIATION

I.M.A. HOUSE, INDRAPRASTHA MARG, NEW DELHI-110002

Tel. +91-11-2337 8680, 2337 0473; Fax: +91-11-2337 9470, E-mail: inmedici@vsnl.com

## MEMBERSHIP APPLICATION FORM

Annual/Life/Direct Membership Application Form

(All details to be filled in Block Letters)

Photo

Member's Signature

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 the 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

DD

MM

YYYY

Address (Permanent/Correspondence): \_\_\_\_\_

Clinic/Hospital Address: \_\_\_\_\_

Mobile No. \_\_\_\_\_ Tel. (R) \_\_\_\_\_ Tel. (Clinic/Hospital) \_\_\_\_\_

Email ID. \_\_\_\_\_ Fax No. \_\_\_\_\_

QUALIFICATION	1. M.B.B.S.	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 declare 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. alongwith HFC on \_\_\_\_\_

Received at IMA Hqrs. alongwith HFC on \_\_\_\_\_  
Membership confirmed on \_\_\_\_\_

Signature & Stamp of **Hony. State Secretary**

Signature & Stamp of **Hony. Secretary General**

**NB:** The Local Branch Secretary will keep a photocopy of this form & forward the original form to State/Terr. Branch Secretary along with Admission Fee & HFC and the 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.)