



# INDIAN MEDICAL ASSOCIATION

I.M.A. HOUSE, INDRAPRASTHA MARG, NEW Delhi-110002  
Tel. +91-11-2337 8680,2337 0473;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 Letter)



*Signature*

Membership Proposed by **Dr Ajay Singla** IMA Hqrs.'Membership No. **ima/8956/789**

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 as \_\_\_\_\_ member through Local Branch **Abu Road** under the Rajasthan state/Territorial Branch of IMA.

Member's Name(as per MCI/SMC Certificate;IN BLOCK LETTERS) :**ADSFASDFASD**

Father's/Husband's Name: **asdfsdf** Date of Birth: **17-2-1957**

Address(Permanent/Correspondence):**asdfsdfasdfsdf Rajasthan**

Clinic/Hospital Address: **Rajasthan**

Mobile No.**3435454545**

Tel.(R)

Email ID. **deesdfsdfp@gmail.com**

Course	Year	College	Speciality	SuperSpeciality
--------	------	---------	------------	-----------------

Designation(Practice/Job):

Registration Detail:(Photocopy of Registration Certificate to be enclosed with IMA Hqrs.From)

Registration No. of Medical Council of India/state council \_\_\_\_\_ Date: \_\_\_\_\_

Service(details): \_\_\_\_\_

I declare that i am registrered 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 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.

Certificate that I have Verified the qualification and registration of the applicant and his eligibility as per rules of IMA for being enrolled as member of the indian Medical Association.Forward to the Hony.Secretary General along with HFC.

Date: 02 Oct 2019  
Place: Jaipur

*Signature*

Signature of the Applicant

\_\_\_\_\_  
Signature & Stamp of  
Hony.Secretary,Local Branch

Forward to IMA Hqrs. alongwith HFC  
on \_\_\_\_\_

\_\_\_\_\_  
Signature & Stamp of Hony. State Secretary

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

\_\_\_\_\_  
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 maintainning. The Journal office will be informed by the Hony.Secretary General by providing addressongraph list to JIMA.  
Membership will be commence only after it is approved and confirmed by the Hony.Secretary General,IMA(HQs.)