INDIAN MEDICAL ASSOCIATION

IMA HOUSE, INDRAPRASTHA MARG, NEW DELHI-110002
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MEMBERSHIP APPLICATION FORM

Life/Direct Membership Application Form
(All details to be filled in Block Letters)

Photo

Membership Proposed by Dr._____ IMA HQs. MembershipNo _____

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/NMC/SMC Certificate; IN BLOCK LETTERS): _____

_____

Father's/ Spouse's Name: _____ Age _____Date of Birth _DD_ _MM_ _YYYY_

Address(Permanent/Correspondence): _____

_____

Clinic/Hospital Address: _____

Mobile No. _____ Tel. (R) _____ Tel. (W) _____

Email ID _____ Aadhaar No. _____

QUALIFICATION	M.B.B.S.	Post Graduation	Super Speciality
COLLEGE			
UNIVERSITY			
YEAR OF PASSING			

Designation (Practice/Job):

Registration Details: (Photocopy of Registration Certificate to be enclosed with IMA HQs. Form)

Registration No. of NMC /State Medical Council _____ Date:_____

DECLARATION

I declare that I am registered with SMC/NMC/MCI.Icertify that all documents and documents furnished are true. If my statement is found to be incorrect my membership would stand to be cancelled and fee paid will not be refunded. I shall abide by the rules and regulations of IMA.

Date: Name of the applicant: Signature

CERTIFICATE FROM LOCAL BRANCH

Certified that I have verified the qualification, registration number and documents produced by Dr…….. and found to be correct He/She is eligible as perrules and regulations of IMA for membership.

Date: Name of local branch secretary Signature

Seal

CERTIFICATE FROM STATE BRANCH /UNION TERRITORY

Certified that I have verified the application form of Dr……Sent through IMA ……..local branch and found to becorrect. He/She is eligible for membership of IMA.

Date: Name of state branch secretary Signature

Seal

Received at IMA HQs. alongwith HFC on _____

Membership confirmed on _____

Signature & Stamp of Honorary 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 Honorary Secretary General by providing addressograph list to JIMA.

Membership will be commenced only after it is approved and confirmed by the Honorary Secretary General, IMA (HQs.)

It is decided that now onwards if any Local Branches and State Branches after receiving membership form and membership fees (HFC+18% GST+ Any applicable tax by GOI time to time) from New Member and from Branches fail to submitted the same within a month to the IMA Headquarters office at New Delhi.

For office use:	YES	NO
1. GST Paid by Local Branch	☐	☐
2. GST Paid by State Branch	☐	☐
3. GST received by IMA HQs. on State Share	☐	
4. GST received by IMA HQs. on HQs. Share	☐	