

Membership No.



INDIAN MEDICAL ASSOCIATION

I.M.A. HOUSE, INDRAPRASTHA MARG, NEW DELHI-110 002

MEMBERSHIP APPLICATION FORM LIFE / ORDINARY

Membership Proposed by Dr. of VIJAYAWADA Local Branch IMA

To
The Honorary General Secretary
Indian Medical Association
I.M.A. House, Indraprastha Marg
New Delhi - 110 002

LOCAL BRANCH COPY

Dear Sir,

I hereby apply to be enrolled a member of the Indian Medical Association as Branch Member of **VIJAYAWADA** Local Branch under **ANDHRA PRADESH** State Branch.

Please fill in (BLOCK LETTERS):

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 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 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 by 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. SecretaryVIJAYAWADA..... Local Branch

Forwarded to IMA HQS on alongwith HFC	Forwarded to IMA HQS along with HFC on Membership confirmed on
Hony. State Secretary	Hony. State Secretary
(Signature)	(Signature)
Forwarded to JIMA alongwith HFC	

NB : The form to be filled in quadruplicate. 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.

Membership No.



INDIAN MEDICAL ASSOCIATION

I.M.A. HOUSE, INDRAPRASTHA MARG, NEW DELHI-110 002

MEMBERSHIP APPLICATION FORM LIFE / ORDINARY

Membership Proposed by Dr. of VIJAYAWADA Local Branch IMA

To
The Honorary General Secretary
Indian Medical Association
I.M.A. House, Indraprastha Marg
New Delhi - 110 002

STATE BRANCH COPY

Dear Sir,

I hereby apply to be enrolled a member of the Indian Medical Association as Branch Member of **VIJAYAWADA** Local Branch under **ANDHRA PRADESH** State Branch.

Please fill in (BLOCK LETTERS):

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 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 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 by 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. SecretaryVIJAYAWADA..... Local Branch

Forwarded to IMA HQS on alongwith HFC	Forwarded to IMA HQS along with HFC on Membership confirmed on
Hony. State Secretary	Hony. State Secretary
(Signature)	(Signature)
Forwarded to JIMA alongwith HFC	

NB : The form to be filled in quardruplicate. The Secretary of the Local Branch shall retain the "Local Branch Copy" and send the remaining three copies to the State Terr. Branch alongwth HFC "State Branch Secretary" forward the remaining copies duly signed to the Headquarters., IMA Headquarters will send to JIMA.

Membership No.



INDIAN MEDICAL ASSOCIATION

I.M.A. HOUSE, INDRAPRASTHA MARG, NEW DELHI-110 002

MEMBERSHIP APPLICATION FORM LIFE / ORDINARY

Membership Proposed by Dr. of VIJAYAWADA Local Branch IMA

To
The Honorary General Secretary
Indian Medical Association
I.M.A. House, Indraprastha Marg
New Delhi - 110 002

HEAD QUARTERS COPY

Dear Sir,

I hereby apply to be enrolled a member of the Indian Medical Association as Branch Member of **VIJAYAWADA** Local Branch under **ANDHRA PRADESH** State Branch.

Please fill in (BLOCK LETTERS):

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 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 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 by 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. SecretaryVIJAYAWADA..... Local Branch

Forwarded to IMA HQS on alongwith HFC	Forwarded to IMA HQS along with HFC on Membership confirmed on
Hony. State Secretary	Hony. State Secretary
(Signature)	(Signature)
Forwarded to JIMA alongwith HFC	

NB : The form to be filled in quardruplicate. 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.

Membership No.



INDIAN MEDICAL ASSOCIATION

I.M.A. HOUSE, INDRAPRASTHA MARG, NEW DELHI-110 002

MEMBERSHIP APPLICATION FORM LIFE / ORDINARY

Membership Proposed by Dr. of VIJAYAWADA Local Branch IMA

To
The Honorary General Secretary
Indian Medical Association
I.M.A. House, Indraprastha Marg
New Delhi - 110 002

JIMA COPY

Dear Sir,

I hereby apply to be enrolled a member of the Indian Medical Association as Branch Member of **VIJAYAWADA** Local Branch under **ANDHRA PRADESH** State Branch.

Please fill in (BLOCK LETTERS):

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 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 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 by 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. SecretaryVIJAYAWADA..... Local Branch

Forwarded to IMA HQS on alongwith HFC	Forwarded to IMA HQS along with HFC on Membership confirmed on
Hony. State Secretary	Hony. State Secretary
(Signature)	(Signature)
Forwarded to JIMA alongwith HFC	

NB : The form to be filled in quardruplicate. The Secretary of the Local Branch shall retain the "Local Branch Copy" and send the remaining three copies to the State Terr. Branch alongwth HFC "State Branch Secretary" forward the remaining copies duly signed to the Headquarters., IMA Headquarters will send to JIMA.