Membership No.	
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### 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 VIJAYAWADA Local Branch under AN			Association as Branch Member of
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 o	f Registration	
Name of the Council of Registration Are you in Service Yes/No.		GP/Consultant/Hospit	
I hereby declare that the qualifications or a that basis I am eligible to be registered with	atleast one quali	ification is recognised	by the Medical Council of India and on
If at any time my statement is found to be in paid by me to all sections of IMA will be lia	•		vill be liable to be cancelled and the fee
I hereby given undertaking that I shall abide	e by the Rules a	and Regulations of IM	٩.
Date			
Place	Place Signature of Applicant		
Certified that I have verified that qualification enrolled as members of the Indian Medical		ation of the applicant a	and his eligibility as per Rules for being
Forwarded to the Hony. General Secretary	alongwith HFC		
			VIJAYAWADA Local Branch
Forwarded to IMA HQS onalongwith HFC			QS along with HFC on
Hony. State Secretary		Hony. State Secreta	ry
(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 alongwtih HFC "State Branch Secretary" forward the remaining copies duly signed to the Headquarters., IMA Headquarters will send to JIMA.

Membership No.	
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 VIJA	AYAWADA Local Branch IMA
To The Honorary General Secretary Indian Medical Association		Г	OTAT	TE DD ANOU CODY
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 mem VIJAYAWADA Local Branch under ANDHRA			Associa	ation as Branch Member of
Please fill in (BLOCK LETTERS):				
SURNAME	F	FIRST NAME		
FATHER'S / HUSBAND'S NAME				
ADDRESS				
			Pin	Code No
Tele No. (Clinic) Res	sidence .		C	Date of Birth
QUALIFICATION				
COLLEGE				
UNIVERSITY				
Registration No.	. Date of	Registration		
Name of the Council of Registration				
·		GP/Consultant/Hospita		
I hereby declare that the qualifications or atleast of that basis I am eligible to be registered with Medic				
If at any time my statement is found to be incorrect paid by me to all sections of IMA will be liable to be	-		ill be lial	ole to be cancelled and the fee
I hereby given undertaking that I shall abide by the	e Rules a	nd Regulations of IMA	۸.	
Date				
Place	Place Signature of Applicant			ature of Applicant
Certified that I have verified that qualifications and enrolled as members of the Indian Medical Associated	-	tion of the applicant a	nd his e	ligibility as per Rules for being
Forwarded to the Hony. General Secretary alongwith HFC.				
				YAWADA Local Branch
Forwarded to IMA HQS onalongwith HFC				g with HFC on
Hony. State Secretary		Hony. State Secretary		
(Signature)		(Signature)	···········	
Forwarded to JIMA alongwith HFC				

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## INDIAN MEDICAL ASSOCIATION

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

#### MEMBERSHIP APPLICATION FORM LIFE / ORDINARY

Membership Proposed	d by Dr		. of VIJAYAWADA Local Branch IMA	
To The Honorary General Secretary Indian Medical Association		I	HEAD QUARTERS COPY	
I.M.A. House, Indrap New Delhi - 110 002			HEAD QUARTERS COFT	
Dear Sir,				
	ly to be enrolled a member of Branch under <b>ANDHRA PRAD</b>		Association as Branch Member of	
Please fill in (BLOCK	LETTERS):			
SURNAME		FIRST NAME		
FATHER'S / HUSBAN	ND'S NAME			
ADDRESS				
			Pin Code No	
Tele No. (Clinic)	Residence		Date of Birth	
QUALIFICATION				
COLLEGE				
UNIVERSITY				
Registration No	Date o	f Registration		
Name of the Council of	f Registration			
Are you in Service	Yes/No. STATUS : 0	·		
	e qualifications or atleast one qual to be registered with Medical Cour		by the Medical Council of India and on Council.	
	nent is found to be incorrect, my me ons of IMA will be liable to be forfeit		vill be liable to be cancelled and the fee	
I hereby given undertaking that I shall abide by the Rules and Regulations of IMA.				
Date				
Place Signature of Applicant			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.				
			\/I I A \/ A \ \ A \ B A	
		· · · · · · · · · · · · · · · · · · ·	VIJAYAWADA Local Branch	
Forwarded to IMA H alongwith HFC	QS on		IQS along with HFC on	
Hony. State Secretary	/	Hony. State Secreta	ry	
(Signature)		(Signature)		
Forwarded to JIMA	alongwith HFC			

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Membership No.	
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Membership Proposed b	oy Dr		. of VIJAYAWADA Local Branch IMA
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Indian Medical Associa I.M.A. House, Indrapras New Delhi - 110 002			JIMA COPY
Dear Sir,			
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Please fill in (BLOCK L	_ETTERS):		
SURNAME		FIRST NAME	
FATHER'S / HUSBAND	D'S NAME		
ADDRESS			
			Pin Code No
Tele No. (Clinic)	Residence		Date of Birth
QUALIFICATION			
COLLEGE			
UNIVERSITY			
Registration No	Date o	f Registration	1
	•		
Are you in Service	Yes/No. STATUS : 0	•	
	qualifications or atleast one quali be registered with Medical Cour		by the Medical Council of India and or Council.
	ent is found to be incorrect, my me s of IMA will be liable to be forfeit		vill be liable to be cancelled and the fee
I hereby given undertakin	ng that I shall abide by the Rules a	and Regulations of IMA	۹.
Date			
Place Signature of Applicant			Signature of Applicant
	ied that qualifications and registra he Indian Medical Association.	ation of the applicant a	and his eligibility as per Rules for being
Forwarded to the Hony. G	General Secretary alongwith HFC		
		Hony. Secretary .	VIJAYAWADA Local Branch
Forwarded to IMA HQS alongwith HFC	S on		QS along with HFC on
Hony. State Secretary		Hony. State Secretar	ry
(Signature)		(Signature)	
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