

**Indian Medical Association. Coimbatore**  
**Application for Life Membership - Single/ couple**

**NAME** : DR / MRS.....

Designation: ..... Institution: .....

Medical Qualification: ..... Specialty:.....

I hereby promise to abide by the rules , regulations and bye-laws of the Coimbatore branch of Indian Medical Association.

Place:.....

Date: .....

Birth Day : .....

Wedding Day :.....

Spouse(Working/House wife) details: :.....

Children: .....

Wish to be Communicate through MOBILE PHONE/ SMS/ E MAIL/ POST \*

Special interest in: research/teaching/academics /to attend IMA camps Etc .

Signature:.....

Requirements

1. Passport Size Photo 2 Nos.
2. Degree Certificate Xerox 2 Nos.
3. Medical Council Registration certificate Xerox 2 Nos.
4. Cheque for (Rs.20000/= )Rs.17,500/-for Single or (Rs.30000/=) Rs.27,500/- for Couples) in favour of“**Indian Medical Association, Coimbatore**”
5. Cheque for **Minimum Rs.1,000/-(for single) Rs.2,000/- (for Couples)** in the name of “**CIMACT**” or “**Coimbatore IMA Charitable Trust**”.
6. **For CME Cr.Hours Rs.750/- “Indian Medical Association, Coimbatore”**

Cheque No:..... Date:..... Bank:.....Rs.....

Cheque No:..... Date:..... Bank:.....Rs.....

for Office use :

Receipt No.: 1).....

2).....



# INDIAN MEDICAL ASSOCIATION

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

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)

Member's Signature

Membership Proposed by Dr. \_\_\_\_\_ IMA Hqrs. Membership No. \_\_\_\_\_

To,

The Honorary Secretary General, IMA

IMA House, I.P. Marg, New Delhi - 110 002.

Dear Sir,

I hereby apply to be enrolled as a member of the Indian Medical Association as \_\_\_\_\_ Life member  
through Coimbatore Branch under the **TAMIL NADU** State / Territorial Branch of IMA.

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

Father's / Husband's Name : \_\_\_\_\_ Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Clinic / Hospital Address : _____			
Mobile No. _____		Tel. (R) _____	
Tel. (Clinic / Hospital) _____		E.mail ID _____	
Fax No. _____			
QUALIFICATION	M.B.B.S. (1)	(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 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 <b>Hony. Secretary, Local Branch</b>	
Forwarded to IMA Hqrs. along with HFC on _____		Received at IMA Hqrs. along with HFC on _____	
Signature & Stamp of <b>Hony. State Secretary</b>		Membership confirmed on _____	
		Signature & Stamp of <b>Hony. Secretary General</b>	
<b>NB</b> : 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 lists to JIMA.			
Membership will be commence only after it is approved and confirmed by the Hony. Secretary General, IMA (HQs.)			