ALLAHABAD MEDICAL ASSOCIATION

 (BRANCH OF IMA)

 FULL NAME:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Photo** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MCI REGISTRATION No.  | BLOOD GROUP  | DATE OF BIRTH |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SPOUSE NAME |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date and month of birth |  |  |  |  | Wedding Anniversary |  |  |  |  |  |  |
| CHILD'S FIRST NAME DATE OF BIRTH |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RESIDENTIAL ADDRESS: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PROFESSIONAL ADDRESS □ HOSPITAL □ CLINIC □ CGHS □ RAILWAYS □ UPPMHS Please tick (**√ )** □ OTHER (Please specify) ..................................................  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  COLLEGE AND YEAR OF ADMISSION |
| MBBS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M.Ch/D.M. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FIELD OF SPECIALIZATION |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile No.  |  |  |  |  |  |  |  |  |  |  | **WHATSAPP NO.** |  |  |  |  |  |  |  |  |  |  |
| EMAIL: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| IMA MEMBERSHIP NO.  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Any other AMA member in the family.  |
| Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PLEASE FURNISH DETAILS IN CAPITAL LETTERS AND SEND IT ALONG WITH YOUR PHOTO on Email: amaprayagraj@gmail.com** |