



# INDIAN MEDICAL ASSOCIATION

IMA HOUSE, INDRAPRASTHA MARG, NEW DELHI-110002

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## MEMBERSHIP APPLICATION FORM

Direct Life Membership Application Form

(All details to be filled in Block Letters)

Photo

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

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 Direct Life member through  
\_\_\_\_\_ State/Union 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): \_\_\_\_\_

Address (At the time of application) \_\_\_\_\_

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		Year of joining/	Year of joining/

Designation (Practice/Job/Studying):

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

Registration No. of NMC /State Medical Council (M.B.B.S) \_\_\_\_\_ Date: \_\_\_\_\_

**DECLARATION**

I declare that I am registered with SMC/NMC/MCI certify that all 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.

In case of transfer to any Local Branch/State Branch. I shall pay the applicable membership charge of the Local/State Branch (difference amount) + applicable taxes as applicable on that day.

Date: \_\_\_\_\_ Name of the applicant: \_\_\_\_\_ Signature \_\_\_\_\_

**CERTIFICATE FROM STATE BRANCH /UNION TERRITORY**

Certified that I have verified the application form of Dr.....  
..... and found to be correct. He/She is eligible for direct life 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 will be fine as per IMA HQ. Rules.***

For office use:	YES	NO
1. GST Paid by State Branch	<input type="checkbox"/>	<input type="checkbox"/>
2. GST received by IMA HQs. on State Share	<input type="checkbox"/>	
3. GST received by IMA HQs. on HQs. Share	<input type="checkbox"/>	