



INDIAN MEDICAL ASSOCIATION
The Private Hospitals and Nursing Homes Board
IMA NHB Corporate
(Tamilnadu State Branch)
APPLICATION FOR ENROLLMENT
(To be filled in **BLOCK LETTERS** only)



1. Name of the Hospital :

2. Status :

Strike off whichever is not applicable
Partnership firm / Proprietorship firm /
Private Limited Company / Public Limited Company

3. NHB TNSB Membership Number : **JM**

4. Address of the Hospital :

5. Telephone Numbers (compulsory) :

Mobile Numbers (compulsory) :

Email (compulsory) :

6. Hospital Data **Bed Strength** : **I.C.U. :** **Y/N** **O.T.:** **Y/N** **L.W. :** **Y/N**

7. Doctor's Name ** :

8. Representing Doctor's
Designation in Capital :

9. IMA Branch in which the
representing Doctor is a
Life Member :

10. Any other Remarks :

SEAL OF THE HOSPITAL

SIGNATURE OF THE REPRESENTING DOCTOR

**** (Should be the Proprietor (or) a partner (or) a member of the board of Directors of the Hospital and should also be a Life Member of IMA)**

Requirements

Staff **Administration** :
Nursing Staff :

Equipments :

DECLARATION

I hereby declare that my / our establishment will abide by the guidelines given by the IMA NHB Corporate of IMA now and then which is a basic qualification for enrollment / renewal in the Board.

I am also aware that the decisions of the State Council of IMA Tamilnadu State Branch are final with regard to any matter concerned with the IMA NHB Corporate of IMA Tamilnadu.

(SIGNATURE OF THE REPRESENTING DOCTOR)

SEAL OF THE HOSPITAL

DETAILS REGARDING ENROLLMENT FEE

The enrollment fee will have to be paid by Demand Draft drawn in favour of “ IMA NHB CORPORATE ” for Rs 3000/- payable at Coimbatore.

NB: Demand Draft for enrollment fees should be sent along with this application form.

Special contribution can be raised at the time of need as decided by the State Council for any special activities.

Send the filled up application along with DD to:

IMA NHB SECRETARY

Dr.A.K.Ravi Kumar

Mowthi Nursing Home (p)Ltd,

Alamaram stop, Vadavalli,

Coimbatore- 641041.

Phone:0422-2422404,2424313

Fax:0422-2426306 , Cell:9842222404

E-Mail: drakrknhb@gmail.com www.imanhb.org

For Office Use :

Corp. No. NHB No. **JM** _____ Received On : _____ Receipt No. : _____

D.O.J _____ Valid up to _____ Certificate Sent on : By Post / Courier _____

Authorisation Signature of IMA NHB Corporate _____

DD No.: _____ Date: _____ Bank _____ Rs..3000/-