



**IMA TNSB CGP COURSES
APPLICATION FORM**

Course: FELLOWSHIP IN

1. Name (in Capital Letters) :
2. Date of Birth & Age :
3. Sex : Male / Female :
4. Father's / Husband Name :
5. Nationality :
6. Address :
7. Mobile No. : WhatsApp No.....
8. E Mail id :
9. Medical Council Registration Number & Year :
10. IMA Local Branch :
11. IMA Life Membership No :
12. IMA CGP Membership No. :
13. Qualification :
14. Course fee : Rs. 29,500/- (Incl 18% GST)

Account details: Ac name: **Indian Medical Association CGP**, Ac No. **75260100003929**, Bank: **Bank of Baroda**, Nagercoil branch, IFSC: **BARBONAGCOI** (5th Character is Zero)

Date :

Signature

(Send the filled form to: Dr. M. Thiraviam Mohan, Hony. State Secretary-IMA TNSB, IMA Tamil Nadu HQs., No.1, Doctors Colony 2nd Cross Street, Bharathidasan Nagar Extension, Off: Mudichur Road, Tambaram West, Chennai-600 045.)