

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

**Limited Period Offer**

92, Syrian Church Road, Coimbatore 641 001.  
Mob: 9566365577 Ph: 0422 2471824. [imacoimbatore@gmail.com](mailto:imacoimbatore@gmail.com)

**NAME** : Dr / Mrs.....

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

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. Self attested |
| 3. Medical Council Registration certificate Xerox | 2 Nos. Self attested |
| 4. Aadhar Card Xerox                              | 2 Nos Self attested  |

**5. Fees**

**Single-** State Share - Rs.15,269/- Cheque in favour of "IMA TNSB"

Branch Donation - Rs.10,000/- Cheque in favour of "Indian Medical Association, Coimbatore"

**Couple-** State Share - Rs.23,411/- Cheque in favour of "IMA TNSB"

Branch Donation - Rs.15,000/- Cheque in favour of "Indian Medical Association, Coimbatore"

6. Cheque for Minimum Rs.1,000/- (for single) & Rs.2,000/- (for Couple)  
in the name of "CIMA CT" or "Coimbatore IMA Charitable Trust".

7. For CME Credit Hours Rs.750/- (Per person) "Indian Medical Association, Coimbatore"  
(If required by the member)

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

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

**For Office use:**

**Receipt No.:** 1)..... 2)..... 3)..... 4).....



# INDIAN MEDICAL ASSOCIATION

IMA HOUSE, INDRAPRASTHA MARG, NEW DELHI-110002

Tel.: +91-11-2337009 (10 Lines), 23378819, 23378680, WhatsApp: +91-9999116376

Email: hfc@ima-india.org, hsg@ima-india.org

## MEMBERSHIP APPLICATION FORM

Life/Direct 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 \_\_\_\_\_ member  
through Local Branch \_\_\_\_\_ under the **TAMILNADU** State 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 / Correspondence): \_\_\_\_\_

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			

Designation (Practice / Job):

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

Registration No. of NMC / State Medical Council \_\_\_\_\_ Date: \_\_\_\_\_

### DECLARATION

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

Date:

Name of the applicant:

Signature

**CERTIFICATE FROM LOCAL BRANCH**

Certified that I have verified the qualification, registration number and documents produced by Dr .....and found to be correct He /She is eligible as per rules and regulations of IMA for membership.

Date: \_\_\_\_\_ Name of local branch secretary \_\_\_\_\_ Signature \_\_\_\_\_

Seal

**CERTIFICATE FROM STATE BRANCH / UNION TERRITORY**

Certified that I have verified the application form of ..... sent through IMA ..... local branch and found to be correct. He / She is eligible for membership of IMA.

Date : \_\_\_\_\_ **Dr. M. THIRAVIAM MOHAN** Seal  
Hony. State Secretary, IMA TNSB

Received at IMA HQs. along with 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.***

For office use:

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