



## INDIAN MEDICAL ASSOCIATION

IMA HOUSE, 11/3, DR. BIRESH GUHA STREET, KOLKATA - 700017, WEST BENGAL  
Phone : +91-33-22873252, +91-33-22893728 | Email : imabengalstate@yahoo.co.in

### 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, 11/3, Dr. Biresh Guha Street  
Kolkata - 700017,

Dear Sir,

I hereby apply to be enrolled as a member of the Indian Medical Association as \_\_\_\_\_ member through  
Local Branch \_\_\_\_\_ under the \_\_\_\_\_ State/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/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 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 Dr..... sent through IMA .....local branch and found to be correct. He/She is eligible for 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 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"/> |                          |