



I.M.A. College of General Practitioners

Head Quarters



IMA TN State HQs Building, Doctors Colony, Via Bharathi Nagar 1st Main Road, Off: Mudichur Road, Tambaram(West) , Chennai -600 045, Mob: 86672 39868 /97890 14450

APPLICATION FORM FOR LIFE MEMBERSHIP

(The information will be treated as confidential)

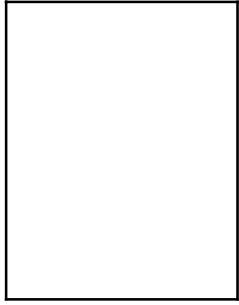
PLEASE WRITE CLEARLY

1. Name (In Block Letters): Dr.

2. S/o, W/o :.....

3. Address (In Block Letters)
for: Correspondence:

Contact No.....Email ID.....



4. Date of Birth: Sex: MALE/FEMALE

5. Qualification(Degrees & Diplomas)

1. University.....Year.....3. University.....year.....

2. University.....Year.....4. University.....Year.....

6. Registration with.....Medical Council Regd No.....

7. Member of IMA through.....Branch.....State Branch

8. IMA Life membership No.....

9. Status: General Practice/Specialist Practice/Govt. Service/Teaching Service

I hereby give an undertaking that I shall abide by the rules and regulations of IMA CGP and uphold and promote the aims of the College to the best of my ability.

Signature of the Applicant

FOR OFFICE USE ONLY	SUB-FACULTY IMA CGP
Forwarded to IMA CGP State Faculty	Membership Approved YES/NO
Membership fee remitted	
Date.....	HON. SECRETARY LOCAL BRANCH/ HON. SECRETARY SUB-FACULTY, IMA CGP

FOR OFFICE USE ONLY	STATE-FACULTY IMA CGP
Forwarded to IMA CGP HQRs,Chennai	Membership Approved YES/NO
Membership fee remitted	
Date.....	HON. STATE SECRETARY/ HONY. FACULTY SECRETARY, IMA CGP

FOR OFFICE USE ONLY	HEADQUARTERS IMA CGP
Received on.....Form and Fee Rs.....by Cash/Cheque/DD No.....Date.....	
Bank.....	
Allotted Membership No.....	
Life Membership Certificate dispatched on	
Life Membership Fee Rs. 1000/- (DD in the name of "IMA CGP HQRs" payable Chennai)	HON. SECRETARY IMA CGP HEADQUARTERS