



# INDIAN MEDICAL ASSOCIATION HOSPITAL BOARD OF INDIA



(Under The Aegis of Indian Medical Association)  
IMA HQ : IMA HOUSE, INDRAPRASTHA MARG, NEW DELHI - 110002.  
SECRETARIAT : IMA BUILDING, J.R.MHATRE MARG, JUHU, MUMBAI, 4000049.  
[hbihqima@gmail.com](mailto:hbihqima@gmail.com) • [www.imahbi.in](http://www.imahbi.in)

## HBI LIFETIME AFFILIATION FORM

To,  
Hon. National Secretary  
IMA Hospital Board of India.

Dear Sir,

I, Dr. \_\_\_\_\_ hereby apply on behalf of establishment \_\_\_\_\_  
\_\_\_\_\_ to be affiliated to IMA HBI.

Name of Hopspital	_____
Hospital Registration Details	_____
Address	_____ _____
Contact Details	Mobile _____ Landline _____ E-mail _____
Hospital Bed Strength	1-25 / 26-50 / 51-100 / 101-200 / > 200 beds
Total Number of Doctors in Hospital	_____
<i>(Please attach details of all doctors in hospital on hospital letterhead : Names/Qualification/Regn. No./Contact details)</i>	

Name of Applicant	Dr. _____
Qualification of Applicant	_____
State Medical Council Registration Number	_____
<i>(Please attach Photocopy of Registration Certificate)</i>	
Designation at the hospital	Owner / Medical Director / Partner
Contact Details	Mobile _____ Landline _____ E-mail _____

### DECLARATION

I, Dr. \_\_\_\_\_ on behalf of \_\_\_\_\_ Hospital hereby declare that all information provided by me is true & I will be abiding by all rules & bylaws of IMA Hospital Board of India.

.....  
Signature

.....  
Name



**Affiliation Fee (One Time) :**

BED STRENGTH	HBI HQ	HBI STATE CHAPTER	LOCAL BRANCH SUBCHAPTER	TOTAL FEES
1-25	Rs 2500	Rs 1500	Rs 1000	Rs 5000
26-50	Rs 3750	Rs 2250	Rs 1500	Rs 7500
51-100	Rs 5000	Rs 3000	Rs 2000	Rs 10000
101-200	Rs 7500	Rs 4500	Rs 3000	Rs 15000
200 + beds	Rs 17500	Rs 10500	Rs 7000	Rs 35000

**Please Note :**

- 1) Affiliation application form must be sent through IMA local branch only.
- 2) Please attach true copies of
  - i) Registration Certificate of Hospital.
  - ii) IMA Life Membership Certificates (If IMA Member)
  - iii) State Medical Council Registration Certificates of applicant & all doctors.
- 3) Please attach additional sheet, if necessary.
- 4) In case Local/State subchapter does not exist, hospitals can pay TOTAL FEES to IMA HBI HQ with cheques favouring '**IMA HOSPITAL BOARD OF INDIA**'

.....

===== **For IMA Local Branch / HBI Local Subchapter Office Use Only** =====

This is to certify that all the above true copies are correct.

Signature \_\_\_\_\_ Seal

Name Dr. \_\_\_\_\_

(President/Secretary Of IMA \_\_\_\_\_ Branch)

===== **For HBI State Chapter Office Use Only** =====

Signature \_\_\_\_\_ Seal

Verified By Dr. \_\_\_\_\_

(Hon. State Secretary Of IMA HBI \_\_\_\_\_ State Chapter)

===== **For HBI HQ Office Use Only** =====

Signature \_\_\_\_\_ Seal

Verified By Dr. \_\_\_\_\_

(Hon. National Secretary Of IMA HBI)