



INDIAN MEDICAL ASSOCIATION

APPLICATION FOR TRANSFER OF MEMBERSHIP

(Xerox may be used) (Couple Members to apply seperatly)

To
The Honorary State Secretary
IMA _____ State,
_____.

Through

1. Branch Secretary _____ State _____ (Sending Branch)
2. Branch Secretary _____ State _____ (Receiving Branch)

Dear Sir

I request you to transfer my membership from _____ Branch and State
_____ (Sending Branch) to _____ Branch and State
_____ (reasons).

Name of the Applicant for Transfer, Dr. _____

Life Membership No. _____

Address _____

Telephone: _____ Mobile No. _____

Member Signature.

No Objection from Sending State

The _____ IMA State has no Objection to transfer
Dr. _____ The member has no dues to this State. We are
enclosing the branch share of Life Membership Contribution (D.D. No. _____
In favour of Hony. Secretary _____ Branch (Receiving)

Hony. Secretary (Sending State)

Acceptance by Receiving State

The _____ State (Name of the Receiving Branch) has accepted the Membership and received the State Contribution. Forwarded to Hony. Secretary General with a request of intimate the transfer of Head Quarters.

Hony. Secretary (Receiving State)

No Objection from Sending Branch

The _____ Branch (Sending Branch) has no objection to the above Transfer. The Member has no dues to this branch. We are enclosing the branch share of Life Membership Contribution (by D.D. No. _____ in favour of Hony. Secretary _____ Branch (Receiving)).

Yours Sincerely

Hony. Secretary (Sending Branch)

Acceptance by the Receiving Branch

The _____ Branch (Name of the Receiving Branch) has accepted the membership and received the local branch contribution. Forwarded to Hony. State Secretary with a request to intimate the transfer to Head Quarters.

Yours Sincerely

Hony. Secretary (Receiving Branch)

Copies of the application to be retained by each local branch and State