



# INDIAN MEDICAL ASSOCIATION

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PHOTO

## MEMBERSHIP APPLICATION FORM

Life/Direct Membership Application Form  
(All details to be filled in Block Letters)

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 \_\_\_\_\_ 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. 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