



# **Indian Medical Association Karnataka State Branch**

ESTD 1928

(Regd Under the Karnataka Societies Act No 709/02-03)



## **Local Branch Manual**



IMA House, Near IMA Circle, A.V.Road, Bangalore - 560 018  
Telefax: 080-26703255, E-mail: [imaksbpresident@gmail.com](mailto:imaksbpresident@gmail.com)  
web : [imakarnataka.in](http://imakarnataka.in)



ಭಾರತೀಯ ವೈದ್ಯಕೀಯ ಸಂಘದ ಪ್ರಾರ್ಥನೆ

ಎಲ್ಲರೂ ಸಂತೋಷವಾಗಿರಲಿ,  
ಎಲ್ಲರೂ ಆರೋಗ್ಯವಾಗಿರಲಿ,  
ಎಲ್ಲರೂ ನೋವಿನಿಂದ ಮುಕ್ತವಾಗಿರಲಿ,  
ಎಲ್ಲರೂ ದುಃಖದಿಂದ ಮುಕ್ತವಾಗಿರಲಿ,  
ಎಲ್ಲಾ ಆಸೆ ಆಮಿಷಗಳನ್ನು ಮೀರಿ  
ಗುಣಪಡಿಸುವವರು ನಾವಾಗಿರಲಿ.

IMA PRAYER

May everybody be happy  
May everybody be healthy  
May everybody be free from pain  
May everybody be free from sorrow  
May we be the healing cure  
Beyond every greed & lure

### FLAG SALUTATION

We, the members of Indian Medical Association stand here to salute our national flag. Its honour and glory shall be our light and strength and its course shall be our course. We pledge our allegiance to it and realizing our responsibilities as the accredited members of this national organization, we swear we will dedicate everything in our power to see it fly high in the comity of nations.

Jai Hind

Long Live IMA

### ಧ್ವಜ ವಂದನೆ

ಭಾರತೀಯ ವೈದ್ಯಕೀಯ ಸಂಘದ ಸದಸ್ಯರಾದ ನಾವು ನಮ್ಮ ರಾಷ್ಟ್ರಧ್ವಜವನ್ನು ವಂದಿಸಲು ಇಲ್ಲಿ ನಿಂತಿದ್ದೇವೆ. ಅದರ ಗೌರವ ಮತ್ತು ವೈಭವವೇ ನಮಗೆ ಬೆಳಕು ಮತ್ತು ಶಕ್ತಿ ಮತ್ತು ಅದರ ಪಥವೇ ನಮ್ಮ ಪಥವು. ಮಾನ್ಯತೆ ಪಡೆದಿರುವ ರಾಷ್ಟ್ರ ಸಂಸ್ಥೆಯ ಸದಸ್ಯರಾದ ನಾವು ನಮ್ಮ ಜವಾಬ್ದಾರಿಗಳನ್ನು ಅರಿಯುವ ಮೂಲಕ ನಮ್ಮ ರಾಜನಿಷ್ಠೆಯ ಶಪಥ ಮಾಡುತ್ತಿದ್ದೇವೆ. ನಮ್ಮ ರಾಷ್ಟ್ರ ಧ್ವಜವು ಉನ್ನತ ಮಟ್ಟದಲ್ಲಿ ಹಾರಾಡುವ ಸಲುವಾಗಿ ನಮ್ಮ ಅಧಿಕಾರದಲ್ಲಿರುವ ಎಲ್ಲವನ್ನೂ ಅದಕ್ಕೆ ಸಮರ್ಪಿಸುವ ಪ್ರಮಾಣ ಮಾಡುತ್ತಿದ್ದೇವೆ.

ಜೈಹಿಂದ್.

ಐ.ಎಂ.ಎ. ಚಿರಾಯುವಾಗಿರಲಿ

## PREFACE

The Indian Medical Association derives its strength from the local branches and it is imperative that the local branch secretaries should be knowledgeable regarding the structure and functioning of IMA and also to know what is expected of them.

At this juncture we are pleased to present the “Local Branch Secretaries Manual” with updated information concerning all spheres of IMA. This concise manual will serve as a guideline to the local branch secretary to carry out the various activities at the branch level and also to effectively guide his members to interact at state and national levels through their state council, state working committee, central council and central working committee members.

Furthermore, the opportunities that are available to our members to further their medical knowledge through the Dr.A.K.N.Sinha Institute of Distant Learning and I.M.A [A.M.S] courses, is also highlighted. Various benefit schemes at state level and national level are made available for ready reference to the members. Honest efforts are made to update the knowledge regarding bylaws and constitution of I.M.A.

**Long Live IMA**

***Dr. Suresh Kudva***

President IMA KSB 2021-22



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# INDIAN MEDICAL ASSOCIATION

The Indian Medical Association is a voluntary organisation registered under the Indian Societies Act ,1860 with clearly defined objectives, as laid down in the Articles of the Memorandum of the Association.

## OBJECTIVES

1. To promote and advance Medical and Allied sciences in all their varied branches and to assist in the improvement of public and medical Education in India.
2. To help to maintain the Dignity and Honour of the medical profession and uphold the members interest and also to promote co-operation amongst the members thereof and
3. To work for the abolition of compartmentalism in medical education. Medical services and registration in the country and there by achieve equality among all members of the profession.

## METHODS.

For the attainment and furtherance of these objects, the Association may-

1. Hold periodical meetings and conferances of the members of the Association and medical profession in general.
2. Arrange from time to time congresses, conferances, lectures, discussions and demonstrations on any aspect of the medical and allied sciences.
3. Publish and circulate journal, which shall be the official organ of the Association of a character specially adopted to the needs of the medical profession in India and which shall undertake publicity and propaganda work of the Association through its columns and publish other literature in accordance with objects of the Association.
4. Maintain a library and an Association office.
5. Publish from time to time transactions and other papers embodying medical researches conducted by the members or under the auspices of the Association.
6. Encourage research in medical and allied sciences with grants out of the funds of the Association, by establishment of scholarships, prizes, or rewards and in such other manner as may from time to time be determined upon by the Association.

7. Conduct educational campaign amongst the people of India in the matter of public health and sanitation by co-operating, whenever necessary with different public bodies working within the same object.
8. Organise medical corps for providing medical relief during epidemics and in times of emergency.
9. Consider and express its views on all questions and the laws of India or proposed legislation affecting public health, the medical profession and medical education and initiate or watch over or take such steps and adopt such measures from time to time regarding the same as may be deemed expedient or necessary.
10. Purchase, take lease of or otherwise acquire, hold manage, let, sell, exchange, mortgage or otherwise dispose of movable or immovable property of every description and all rights or privileges necessary or convenient for the purpose of the Association and in particular any land, newspapers, periodicals, instruments, fittings, appliances, apparatus, conveyance and accommodation as and when deemed necessary or desirable in the interest of the Association, sell demise let, hire out, mortgage, transfer or otherwise dispose of the same.
11. Erect, maintain, improve or alter and keep in repair any buildings for purpose of the Association.
12. Borrow or raise money in such manner as the Association may think fit and collect subscriptions and donations for the purpose of the Association.
13. Invest any money of the Association not immediately required for any of its objects in such manner as may from time to time to be determined by the Association.
14. Assist, subscribe to or co-operate or affiliate or be affiliated to or amalgamate with any other public body whether incorporated registered or not and having altogether or in part objects similar to those of the Association.
15. Create or assist in creating Branches for any of the purposes aforesaid.
16. Do all such other things as are cognate to the objects of the Association or are incidental or conducive to the attainment of the above objects.



## IMA FLAG SPECIFICATION

Cloth	:	Satin silk on both sides
Shades	:	Navy Blue
Size	:	11" X 9"
Position of IMA Emblem	:	7.5" X 7.5"
Colour of Emblem	:	Golden Yellow (either painted or embroidered)
Frill	:	of golden yellow colour silk thred on the three borders of the flag.
On demand flags shall be supplied from IMA Headquarters.		



## IMA INSIGNA

During the early years the emblem of IMA was designed and adopted to be used on all official stationary. The emblem depicts the year of establishment of IMA as well as the name. The significance of the various components of the emblem are that of

Torch depicting	-----	Knowledge
Snakes depicting	-----	Medicine
Twigs with leaves depicting	-----	Peace and Tranquillity

The emblem can not be used on personal stationary of any member. (IMA circular No.F26(140)/25/78-79 dated April 18,1979).



## ASSOCIATION YEAR

The financial year of the association and all its branches shall be from 1st April of one year to the 31st March of the following year. However Association year for the IMA branches in Karnataka is 1ST October to 30th September of following year. Election to new office bearers shall be conducted by September and list of newly elected office bearers should be sent to IMA KSB and HQ by September 15. Association year for IMA KSB is 1st November to 31st October of following year. Association year for IMA HQ is 1st January to 31st December of following year.

Annual State conference ,Annual General Body Meeting and installation of new office bearers of IMA KSB takes place in the last week of October every year and National Conference and Annual Central council meeting of IMA HQ takes place on 27th, 28th and 29th December every year.

For better functioning and co-ordination of the activities of IMA, our state of Karnataka is arbitrarily divided in to four zones, each under the direct responsibility of one Vice –President. Further each zones divided in to two divisions. IMA President in consultation with Vice Presidents will nominate Divisional co-ordinators and District co-ordinators. IMA branches in that particular division and zone, interact through the co-ordinators and will constantly in touch with the Vice President in charge, who will not only visit the branches regularly, but will also interact with other Vice Presidents and President and state IMA office in the situation where the larger interests of IMA pertaining to the entire state is concerned. The Vice-Presidents, Divisional co-ordinators and District co-ordinators will interact with their counterparts and exchange views and ideas periodically at the working committee and standing committee meetings. All these District co-ordinators, Divisional co-ordinators and Vice-Presidents should be given prominent seat in the dias in all IMA branch meetings.



# IMA BRANCHES AND VICE PRESIDENTS

## ZONE-1

### VICE-PRESIDENT

Division-1  
Bidar  
Gulbarga  
Yadgir  
Vijayapura

### CO-ORDINATOR

Division-2  
Raichur  
Bellary  
Koppal  
Vijayanagara

## ZONE-II

### VICE-PRESIDENT

### CO-ORDINATOR

Division-3  
Belagavi  
Bagalkote  
Dharwad  
Gadag

Division-4  
Chitradurga  
Davanagere  
Tumkur  
Chikkaballapura

## Zone-III

### VICE-PRESIDENT

Division-5  
Uttara-Kannada  
Haveri  
Shivamogga  
Chikkamagaluru

Division-6  
Udupi  
Dakshina Kannada  
Kodagu

## ZONE-IV

### VICE -PRESIDENT

Division-7  
Hassan  
Mandya  
Mysuru  
Chamarajanagara

Division-8  
Bengaluru (Urban)  
Bengaluru (Rural)  
Ramanagara  
Kolar

## **SUB-COMMITTEES OF IMA**

1. IMA KSB Rules and Bye-laws Sub Committee
2. IMA Subject Sub Committee
3. IMA Finance Sub Committee
4. IMA Legal Sub Committee
5. IMA Membership Drive Sub Committee
6. IMA Women Doctors Wing Sub Committee
7. IMA Academic Sub Committee
8. IMA Junior Doctors Net Work Sub Committee
9. IMA Students Net Work Sub Committee
10. IMA Hospital Sub Committee
11. IMA Sports Sub Committee
12. IMA Drugs And Medical Instrument Sub Committee
13. IMA Disaster Management Sub Committee
14. IMA Pharmoco Vigilence Sub Committee
15. IMA Doctors in Service Sub Committee
16. IMA Medical Teachers Sub Committee
17. IMA Vydyara Kannada Barahagarara Sub Committee
18. IMA Cultural Sub Committee
19. IMA Prevention of Violence Against Doctors Sub Committee
20. IMA Anti quackery Sub Committee
21. IMA Digital & Medical Software Sub Committee
22. IMA Public Health Sub Committee
23. IMA Awards Sub Committee
24. IMA Doctors Against Sex Selection Sub Committee
25. IMA Organ Donation Sub Committee

# **Benefit Schemes in IMA**

## **National Level**

1. National Social Security Scheme.
2. National Professional Protection Scheme.
3. National benoalent Scheme.
4. National Health Scheme.
5. National Family welfare Scheme.
6. National Pension scheme.

## **State Level**

1. Karnataka State Social Security Scheme
  - a. Old Scheme.
  - b. Silver Jubilee Scheme.
2. Karnataka State Professional Protection Scheme.
3. Karnataka State Health Scheme.

## **HOW IMA FUNCTIONS**

IMA functions as three teir system

1. IMA Local Branch.
2. IMA State Branch
3. IMA Headquarters.

### **Local Branch**

A local branch can be formed at any place in India provided there a minimum 10 qualified doctors registered under the National Medical Council of India or State Medical Council .

Each Local branch shall have local area to be determined by the working committee of the association

All local branches in the state shall be subsidiary to the state branch and shall be guided by it in all matters. The State Branch shall become the medium of communication between them and Central Head Quarters of IMA and State Government.

Local branches shall be autonomous as far as their Internal Administration is concerned, But their Rules and Bye-Laws shall not be in conflict with the Rules and Bye -Laws of the Indian Medical Association. It is advisable that each local branch is registered and have PAN card in its name.

Local Branches

**These are the existing branches of KSB recognised by IMA Head Quarters  
which will give unique CODE number to each branch.  
This is for you kind information**

<b>BANGALORE URBAN DISTRICT</b>			25	MAGADI	666
<b>BRANCH NAME</b>	<b>CODE</b>		26	NELAMANGALA	268
1	ANEKAL	006			
2	BANGALORE	021			
3	BANGALORE B B M P	030			
4	BANGALORE CENTRAL	368			
5	BANGALORE				
	CHANNAKESHAVA NAGAR	777			
6	BANGALORE CHS	444			
7	BANGALORE EAST	025			
8	BANGALORE NORTH	029			
9	BANGALORE NORTH EAST	022			
10	BANGALORE SOUTH	026			
11	BANGALORE SOUTH EAST	027			
12	BANGALORE WEST	420			
13	BINNY PET	023			
14	CONTONMENT	013			
15	DIRECT MEMBERSHIP	009			
16	INDIRANAGAR	333			
17	KORAMANGALA	380			
18	KRISHNA RAJA PURAM	016			
19	RAJAJINAGAR	286			
20	WHITE FIELD	024			
21	YELAHANKA	423			
<b>BANGALORE RURAL DISTRICT</b>					
<b>BRANCH NAME</b>	<b>CODE</b>				
22	DEVANAHALLI	087			
23	DODDABALLAPUR	086			
24	HOSKOTE	370			
<b>BAGALKOT DISTRICT</b>					
<b>BRANCH NAME</b>	<b>CODE</b>				
27	BADAMI	404			
28	BANGALKOT	014			
29	GULEDGUDDA	308			
30	ILKAL	160			
31	JAMKHANDI	164			
32	MAHALINGAPURA	226			
33	MUDHOL	248			
34	R B TERDAL	298			
<b>BELGAUM DISTRICT</b>					
<b>BRANCH NAME</b>	<b>CODE</b>				
35	ATHANI	007			
36	BAILHONGAL	018			
37	BELGAUM	028			
38	BELGAUM NORTH	031			
39	CHIKKODI	060			
40	GHATAPRABHA	402			
41	GOKAK	097			
42	HARUGERI	172			
43	KHANAPUR	188			
44	KUDACHI RAIBAG	189			
45	NIPPANI	272			
46	RAMADURGA	290			
47	SANKESHWAR	306			
48	SOUDATTI	310			

49	UGAR-LHURD	356
50	YAMAKANMARADDI	418

69	CHINTAMANI	054
70	GOURIBIDANUR	098

#### **BELLARY DISTRICT**

<b>BRANCH NAME</b>	<b>CODE</b>
51 BELLARY	034
52 HAGARIBOMMANAHALLI	108
53 HOSPET	144
54 HUVINAHADAGALI	136
55 SANDUR	302
56 SIRAGUPPA	336

#### **BIDAR DISTRICT**

<b>BRANCH NAME</b>	<b>CODE</b>
57 BASAVA KALYAN	999
58 BIDAR	040
59 HUMNABAD	888

#### **BIJAPUR DISTRICT**

<b>BRANCH NAME</b>	<b>CODE</b>
60 BIJAPUR	044
61 INDI	400
62 MUDDABIHAL	414
63 SINDHAGI	162
64 TALIKOTI	406

#### **CHAMARAJANAGAR DISTRICT**

<b>BRANCH NAME</b>	<b>CODE</b>
65 CHAMARAJANAGAR	047
66 GUNDLUPETE	422
67 KOLLEGAL	202

#### **CHIKKABALLAPUR DISTRICT**

<b>BRANCH NAME</b>	<b>CODE</b>
68 CHIKKABALLAPUR	053

#### **CHIKKAMAGALORE DISTRICT**

<b>BRANCH NAME</b>	<b>CODE</b>
71 CHIKKAMAGALORE	057
72 KADUR	168
73 KOPPA - TARIKERE	522 523

#### **CHITRADURGA DISTRICT**

<b>BRANCH NAME</b>	<b>CODE</b>
74 CHALLAKERE	068
75 CHITRADURGA	067
76 HOSAGURGA	072
77 HIRIYURU	071

#### **DAKSHINA KANNADA DISTRICT**

<b>BRANCH NAME</b>	<b>CODE</b>
78 BANTWAL	019
79 BELTHANGADI	033
80 MANGALORE/ SOUTH CANARA	246
81 MULKI	386
82 PUTTUR	278
83 SULLIA	378
84 SURATKAL	338
85 VITTAL	416

#### **DAVANGERE DISTRICT**

<b>BRANCH NAME</b>	<b>CODE</b>
86 DAVANGERE	080
87 HARAPANAHALLI	222
88 HARIHAR	120
89 HONNALI	134

90 MALEBENNUR 234

91 CHANNAGIRI 081

**DHARAWAD DISTRICT**

**BRANCH NAME CODE**

92 DHARWAD 083

93 DHARWAD RURAL 084

94 HUBLI 148

95 K M C HUBLI 190

96 SDMMC DHARWAD 082

**GADAG DISTRICT**

**BRANCH NAME CODE**

97 GADAG 090

98 LAKSHMESHWAR 216

99 MUNDARGI 263

100 NARAGUND 372

101 NAVALGUND 262

102 RON 296

**GULBARGA DISTRICT**

**BRANCH NAME CODE**

103 GULBARGA 100

104 SEDAM 318

105 SHAHAPUR 412

106 SHORAPUR 326

107 YADGIRI 360

108 WADI-SHAHABAD 359

**HASSAN DISTRICT**

**BRANCH NAME CODE**

109 ARSIKERE 005

110 HALENARASIPURA 004

111 HASSAN 124

**HAVERI DISTRICT**

**BRANCH NAME CODE**

112 BYADAGI 396

113 HANGAL 116

114 HAVERI 128

115 SAVANUR 314

116 RANEBENNUR 294

**KOLAR DISTRICT**

**BRANCH NAME CODE**

117 BANGARPETE 099

118 KGF 186

119 KOLAR 198

120 MALUR 408

121 MULBAGAL 250

122 SRINIVASAPURA 161

**KOPPAL DISTRICT**

**BRANCH NAME CODE**

123 GANGAVATHI 092

124 KOPPAL 394

**MADIKERI/COORG DISTRICT**

**BRANCH NAME CODE**

125 MADIKERE/COORG 073

126 VIRAJPET 093

**MANDYA DISTRICT**

**BRANCH NAME CODE**

127 K R PET 196

128 MANDYA 242

129 MALAVALLI 230

**MYSORE DISTRICT**

BRANCH NAME	CODE
130 H D KOTE	(***)
131 HUNSURU	156
132 K R NAGAR	194
133 MYSORE	256
134 MYSORE EAST	257
135 NANJANGUD	260
136 PERIYAPTNA	276
137 T NARASIPURA	344
138 SARAGUR	345

**RAICHUR DISTRICT**

BRANCH NAME	CODE
139 DEVADURGA	142
140 LINGASUGUR	218
141 MANVI	141
142 RAICHUR	282
143 SINDHANUR	330

**RAMANAGAR DISTRICT**

BRANCH NAME	CODE
144 CHANNAPATNA	056
145 KANAKAPURA	178
146 RAMANAGAR	050

**SHIVAMOGGA DISTRICT**

BRANCH NAME	CODE
147 BHADRAVATHI	035
148 SAGARA	300
149 SHIKARIPURA	384
150 SHIVAMOGGA	322
151 SORABA	303
152 THIRTHAHALLI	301

**TUMKUR DISTRICT**

BRANCH NAME	CODE
153 KUNIGAL	347
154 MADHUGIRI	341
155 PAVAGADA	374
156 TIPTUR	340
157 TUMKUR	348

**UDUPI DISTRICT**

BRANCH NAME	CODE
158 BRAHMAVAR	554
159 KARKALA	180
160 KUNDAPUR	070
161 UDUPI-KARAVALI	555
162 UDUPI-MANIPAL	352

**UTTARA KANNAD DISTRICT**

BRANCH NAME	CODE
163 ANKOLA	410
164 BHATKAL	037
165 DANDELI	077
166 HALIYAL	112
167 HONNAVAR	132
168 KAIGA	241
169 KARAWAR	182
170 KARAWAR - IMS	183
171 KUMTA	210
172 MUNDAGOD	252
173 SIDDAPUR	076
174 SIRSI	334
175 YELLAPUR	364
176 JAYANAGARA	

S.N.	BRANCH NAME	CODE		
1.	ANEKAL	006	30. BINNY PET	023
2.	ANKOLA	410	31. BRAHMAVAR	554
3.	ARSIKERE	005	32. BYADAGI	396
4.	ATHANI	007	33. CHALLAKERE	068
5.	BADAMI	404	34. CHAMARAJANAGAR	047
6.	BAILHONGAL	018	35. CHANNAGIRI	081
7.	BANGALKOT	014	36. CHANNAPATNA	056
8.	BANGALORE	021	37. CHIKKABALLAPUR	053
9.	BANGALORE B B M P	030	38. CHIKKAMAGALORE	057
10.	BANGALORE CENTRAL	368	39. CHIKKODI	060
11.	BANGALORE CHANNAKESHAVA NAGAR	777	40. CHINTAMANI	054
12.	BANGALORE CHS	444	41. CHITRADURGA	067
13.	BANGALORE EAST	025	42. CONTONMENT	013
14.	BANGALORE NORTH	029	43. DANDELI	077
15.	BANGALORE NORTH EAST	022	44. DAVANGERE	080
16.	BANGALORE SOUTH	026	45. DEVADURGA	
17.	BANGALORE SOUTH EAST	027	46. DHARWAD	083
18.	BANGALORE WEST	420	47. DHARWAD RURAL	084
19.	BANGARPETE	099	48. DIRECT MEMBERSHIP	009
20.	BANTWAL	019	49. DODDABALLAPUR	086
21.	BASAVA KALYAN	999	50. GADAG	090
22.	BELGAUM	028	51. GANGAVATHI	092
23.	BELGAUM NORTH	031	52. GHATAPRABHA	402
24.	BELLARY	034	53. GOKAK	097
25.	BELTHANGADI	033	54. GOURIBIDANUR	098
26.	BHADRAVATHI	035	55. GULBARGA	100
27.	BHATKAL	037	56. GULEDGUDDA	308
28.	BIDAR	040	57. GUNDLUPETE	422
29.	BIJAPUR	044	58. H D KOTE	(***)
			59. HAGARIBOMMANAHALLI	108
			60. HALENARASIPURA	004

61. HALIYAL	112	92. KHANAPURA	188
62. HANGAL	116	93. KOLAR	198
63. HARAPANAHALLI	222	94. KOLLEGAL	202
64. HARIHAR	120	95. KOPPA	522
65. HARUGERI	172	96. KOPPAL	394
66. HASSAN	124	97. KORAMANGALA	380
67. HAVERI	128	98. KRISHNA RAJA PURAM	016
68. HIRIYURU	071	99. KUDACHI RAIBAG	189
69. HONNALI	134	100. KUMTA	210
70. HONNAVAR	132	101. KUNDAPUR	070
71. HOSAGURGA	072	102. KUNIGAL	347
72. HOSKOTE	370	103. LAKSHMESHVAR	216
73. HOSPET	144	104. LINGASUGUR	218
74. HUBLI	148	105. MADHUGIRI	341
75. HUMNABAD	888	106. MADIKERE/COORG	073
76. HUNSURU	156	107. MAGADI	666
77. HUVINAHADAGALI	136	108. MAHALINGAPAURA	226
78. ILKAL	160	109. MALAVALLI	230
79. INDI	400	110. MALEBENNUR	234
80. INDIRANAGAR	333	111. MALUR	408
81. JAMKHANDI	164	112. MANDYA	242
82. K M C HUBLI	190	113. MANGALORE/ SOUTH CANARA	246
83. K R NAGAR	194	114. MANVI	141
84. K R PET	196	115. MUDDEBIHAL	414
85. KADUR	168	116. MUDHOL	248
86. KAIGA	241	117. MULBAGAL	250
87. KANAKAPURA	178	118. MULKI	386
88. KARAWAR	182	119. MUNDAGOD	252
89. KARAWAR - IMS	183	120. MUNDARGI	263
90. KARKALA	180	121. MYSORE	256
91. KGF	186		

122. MYSORE EAST	257	153. SIRSI	334
123. NANJANGUD	260	154. SORABA	303
124. NARAGUND	372	155. SOUDATTI	310
125. NAVALGUND	262	156. SRINIVASAPURA	161
126. NELAMANGALA	268	157. SULLIA	378
127. NIPPANI	272	158. SURATKAL	338
128. PAVAGADA	374	159. T NARASIPURA	344
129. PERIYAPTNA	276	160. TALIKOTI	406
130. PUTTUR	278	161. TARIKERE	523
131. R B TERDAL	298	162. THIRTHAHALLI	301
132. RAICHUR	282	163. TIPTUR	340
133. RAJAJINAGAR	286	164. TUMKUR	348
134. RAMADURGA	290	165. UDUPI-KARAVALI	555
135. RAMANAGAR	50	166. UDUPI-MANIPAL	352
136. RANEBENNUR	294	167. UGAR-LHURD	356
137. RON	296	168. VIRAJPET	093
138. SAGARA	300	169. VITTAL	416
139. SANDUR	302	170. WADI-SHAHABAD	359
140. SANKESHWAR	306	171. WHITE FIELD	024
141. SARAGUR	345	172. YADGIRI	360
142. SAVANUR	314	173. YAMAKANMARADDI	418
143. SDMMC DHARWAD	82	174. YELAHANKA	423
144. SEDAM	318	175. YELLAPUR	364
145. SHAHAPUR	412		
146. SHIKARIPURA	384		
147. SHIVAMOGGA	322		
148. SHORAPUR	326		
149. SIDDAPUR	76		
150. SINDHAGI	162		
151. SINDHANUR	330		
152. SIRAGUPPA	336		

**CODE BRANCH NAME****(\*\*\*) H D KOTE**

004 HALENARASIPURA

005 ARSIKERE

006 ANEKAL

007 ATHANI

009 DIRECT MEMBERSHIP

013 CONTONMENT

014 BANGALKOT

016 KRISHNA RAJA PURAM

018 BAILHONGAL

019 BANTWAL

021 BANGALORE

022 BANGALORE NORTH EAST

023 BINNY PET

024 WHITE FIELD

025 BANGALORE EAST

026 BANGALORE SOUTH

027 BANGALORE SOUTH EAST

028 BELGAUM

029 BANGALORE NORTH

030 BANGALORE B B M P

031 BELGAUM NORTH

033 BELTHANGADI

034 BELLARY

035 BHADRAVATHI

037 BHATKAL

040 BIDAR

044 BIJAPUR

047 CHAMARAJANAGAR

050 RAMANAGAR

053 CHIKKABALLAPUR

054 CHINTAMANI

056 CHANNAPATNA

057 CHIKKAMAGALORE

060 CHIKKODI

067 CHITRADURGA

068 CHALLAKERE

070 KUNDAPUR

071 HIRIYURU

072 HOSAGURGA

073 MADIKERE/COORG

076 SIDDAPUR

077 DANDELI

080 DAVANGERE

081 CHANNAGIRI

082 SDMMC DHARWAD

083 DHARWAD

084 DHARWAD RURAL

086 DODDABALLAPUR

090 GADAG

092 GANGAVATHI

093 VIRAJPET

097 GOKAK

098 GOURIBIDANUR

099 BANGARPETE

100 GULBARGA

108 HAGARIBOMMANAHALLI

112 HALIYAL

116 HANGAL

120 HARIHAR

124 HASSAN

128 HAVERI

132 HONNAVAR

134	HONNALI	242	MANDYA
136	HUVINAHADAGALI	246	MANGALORE/SOUTH CANARA
141	MANVI	248	MUDHOL
142	DEVADURGA	250	MULBAGAL
144	HOSPET	252	MUNDAGOD
148	HUBLI	256	MYSORE
156	HUNSURU	257	MYSORE EAST
160	ILKAL	260	NANJANGUD
161	SRINIVASAPURA	262	NAVALGUND
162	SINDHAGI	263	MUNDARGI
164	JAMKHANDI	268	NELAMANGALA
168	KADUR	272	NIPPANI
172	HARUGERI	276	PERIYAPTNA
178	KANAKAPURA	278	PUTTUR
180	KARKALA	282	RAICHUR
182	KARAWAR	286	RAJAJINAGAR
183	KARAWAR - IMS	290	RAMADURGA
186	KGF	294	RANEBENNUR
188	KHANAPURA	296	RON
189	KUDACHI RAIBAG	298	R B TERDAL
190	K M C HUBLI	300	SAGARA
194	K R NAGAR	301	THIRTHAHALLI
196	K R PET	302	SANDUR
198	KOLAR	303	SORABA
202	KOLLEGAL	306	SANKESHWAR
210	KUMTA	308	GULEDGUDDA
216	LAKSHMESHWAR	310	SOUDATTI
218	LINGASUGUR	314	SAVANUR
222	HARAPANAHALLI	318	SEDAM
226	MAHALINGAPAURA	322	SHIVAMOGGA
230	MALAVALLI	326	SHORAPUR
234	MALEBENNUR	330	SINDHANUR
241	KAIGA	333	INDIRANAGAR

334	SIRSI	418	YAMAKANMARADDI
336	SIRAGUPPA	420	BANGALORE WEST
338	SURATKAL	422	GUNDLUPETE
340	TIPTUR	423	YELAHANKA
341	MADHUGIRI	444	BANGALORE CHS
344	T NARASIPURA	522	KOPPA
345	SARAGUR	523	TARIKERE
347	KUNIGAL	554	BRAHMAVAR
348	TUMKUR	555	UDUPI-KARAVALI
352	UDUPI-MANIPAL	666	MAGADI
356	UGAR-LHURD	777	BANGALORE
359	WADI-SHAHABAD		CHANNAKESHAVA NAGAR
360	YADGIRI	888	HUMNABAD
364	YELLAPUR	999	BASAVA KALYAN
368	BANGALORE CENTRAL		
370	HOSKOTE		
372	NARAGUND		
374	PAVAGADA		
378	SULLIA		
380	KORAMANGALA		
384	SHIKARIPURA		
386	MULKI		
394	KOPPAL		
396	BYADAGI		
400	INDI		
402	GHATAPRABHA		
404	BADAMI		
406	TALIKOTI		
408	MALUR		
410	ANKOLA		
412	SHAHAPUR		
414	MUDDEBIHAL		
416	VITTAL		

## **Particulars for Starting of a New Branch of Indian Medical Association**

1. Particulars required are to be enclosed in duplicate
2. Names and Address of office bearers (President, Vice President, Secretary, Joint Secretary, Treasurer and Members of Executive Committee, to be sent in duplicate.
3. Members of a state council (one member for every 50 members) and representatives to the centre council (one member for the every 100 Member) be sent along with list of office bearers. There will be no Representative to Central Council if the membership is less than 20 .
4. Four copies of list of members with their Name and full address with mobile number and Email address along with, their membership forms duly filled in list to be sent. In respect of those who are already members of other branches fresh membership forms are not necessary. A certificate from the branch from which he/she as been transferred along with NOC is to be sent.
5. A sum of Rupees 11,000 for single life membership and Rupees 16,500 for Couple life membership is payable in advance towards HFC (Head Quartres Fund Contribution).
6. A branch formation fee of Rupees 500 is to be sent along with above documents.
7. A draft payable at Bangalore for amount of HFC detailed in Para 5 along with branch formation fee 500 is to be enclosed with list of members. The draft may be drawn if favour of, "Indian Medical Association Karnataka State Branch".
8. The Jurisdiction of local branch has to be informed to State and Head Quarters which should be approved in working Committee

Regarding eligibility of membership doctors possessing registrable medical qualification in NMC or KMC are eligible to become members of IMA.

Dental Surgeons, Ayurvedic, Unani and Homeopathi Doctors are not eligible.

## **Suspension of a Branch**

If life members are less than 10 branch will be in suspension. The life members of branch may join nearest IMA branches or they can join as direct member to state branch / territorial branch. Suspended branch can be revived by adding members to that branch so that membership becomes 10 or more.

## **Branch Activities**

Branches should hold meeting periodically preferably once/twice a month. The meetings shall be

1. Ordinary Meetings- Social or Scientific
2. Business Meetings - Under this
  1. Annual meetings once a year to review the activities of the branch, conduct election to office bearers, elect members to working committee, state council and central council as per rules and to elect representatives to other bodies if so asked by state branch and Head quarters
  2. General meetings to transact any other business that may be expedient to pursue the objectives of the association.

## **Office of the Local Branches**

Office of the local branch may be located at any place in the local area and information of the address of the office as to be sent with Telephone/ fax/ Email/Website to the state and head quarters office for speedy and efficient communication.

## **Correspondence**

The Local branch shall correspondence with its state Branch regarding any problem or clarification of difficulties. The state/Terr. Office may forward it to the Headquarters, should it feel necessary. Local branches are free to take up matters with local authorities but should deal with only local matters.

## **Rules and Bye-Laws**

In order to have smooth functioning,, each local branch has to have its own rules and Bye-Laws. Branches who till now have not framed their rules and Bye-Laws may seriously consider framing rules, discuss them in their branches and forward the same to the Head Quarters office through their state office for approval by the central working committee, after which they will become

operative. Such rules and Bye-Laws have to be in conformity with the memorandum, rules and Bye –laws of the IMA as amended and in force for the time being. Matters on which Local branch and State/Territorial branch rules are silent, rules and Bye-Laws of the association Head quarters shall be applicable to all branches of IMA.

A Sample Bye-Laws of local branches is printed at the end of this manual. This can be adopted with necessary local modifications.

# MEMBERSHIP

## Eligibility Of Membership

Any person registered with the Medical Council Of India ( NMC now) or State Medical Council register, on the basis of his/her medical qualification as defined in the Indian Medical Degree Act 1916(Act VII of 1916) and included in the Schedules to the Indian Medical Council (NMC) Act.

## Classification of Members:

The Classification of members of the state branch shall be same as per rules framed by the Indian Medical Association, namely

- (a) Honorary Members      (b) Branch Members      (c) Direct Members
- (d) Life Members              (e) Special Members      (f) Association Members
- (g) Attached Members      (h) Affiliated Members
- (i) Junior Doctors –With in 5 years from the date of qualifying.
- (j) Medical Students –To familiarise the activities of IMA amongst the Medical Students they can enrol them self with the IMA as Student Members. Such member shall not hold any office and is not eligible to participate in IMA Elections.

## Privileges of Membership

Payment of Life membership shall entitle the member to all privileges of membership, for the State Branch and to those of the Branch of which he/she is a member.

All members shall have the right to attend and take part in the discussions at all general and clinical meetings ,lectures, and demonstrations organised by the State /local branch.

For special clinical meetings or symposia the State branch may levy a fee which shall be decided by the State Council.

All members shall have right to attend Medical Conferences organised by the State Branch on such terms as laid down in the Bye-laws.

All the members shall enjoy any other privileges that may hereafter be conferred.

All life members shall have the right to enjoy the privileges of membership of the local and State branch during their life time.

Members can move proposals to the central council and working committee of the Association to take necessary action in matters affecting the medical profession and health of the people of India.

Members can join study tours organised within the country or abroad for professional interaction.

A Scientific publication monthly “Journal of the Indian Medical Association” is supplied free to members online / physically. The Journal is of a high academic order and enjoys international reputation and recognition.

A monthly publication “IMA NEWS” is published from the Headquarters to give its members information about the activities of the Association and other news from the medical world and same is available to the members at a nominal yearly subscription.

Monthly publication IMA FOCUS is published from IMA KSB.

Quarterly medical journal “Karnataka Medical Journal” is published from State Headquarters.

Members are encouraged to do research in various aspects pertaining to the field of medicine through its academic wings.

Members are eligible to compete for the various awards instituted by IMA to inculcate original thinking amongst its members, particularly young doctors and students.

### **Where To Join:**

IMA has over 176 branches scattered all over Karnataka. Any doctor otherwise eligible can join IMA through any local branch nearest to him/her. Membership automatically confers a member with all the privileges of the state branch under whose jurisdiction the local branch is and also of Headquarters.

### **Transfer of Membership:**

A member can seek a transfer of membership from one branch to another in case of transfer of residence or place of work, at his choice.

- (a) For such transfer he has to apply to the parent branch.
- (b) Based on the application, the Hon. Secretary shall verify the records and notify the request of transfer to the branch where the member seeks to be transferred, marking a copy to the state office and copies to IMA Headquarters and Journal office to be forwarded through State office.
- (c) The member concerned has to present the letter from Hon. Secretary of the previous branch to the Secretary of New Branch along with an application and prescribed fees of the branch.
- (d) There upon the receiving branch Secretary shall notify the fact of transfer to the State office, IMA Headquarters and Journal office through State office along with the prescribed transfer form duly fill in.
- (e) The State Office shall on receipt of the notification from the two concerned branches forward the copies to the Headquarters and Journal office along with the prescribed transfer form duly filled in.

The transfer becomes effective in the registers of IMA after these formalities are completed.

- Note:**
- (a) The receiving branch can not accept a new member on transfer without a notification from the previous branch, indicating no objection to the transfer and clearance of all dues to them.
  - (b) The local branch share of life member subscription has also to be transferred to the receiving branch, by the previous branch.

#### **Addressograph Lists :**

- (a) The Journal office in Calcutta will be sending the computerised addressograph lists to each branch once in a year through State Office.
- (b) The State Office will be forwarding 2 sets of computerised addressograph to the concerned local branch.
- (c) On receipt of them the concerned local branch will have the list updated. Deletion of members if any, to be shown prominently in the list, along with mobile number and e-mail address of each member of the branch.
- (d) Deletions communicated after the dispatch of addressograph list will be effected any from the coming year.

- (e) Additions if any (such of the members who have been enrolled during that year and whose names do not figure in the list) may also be effected in the list. While doing so enrolment letter number communicated by the state office may please be noted.
- (f) After updating the lists one set will have to be forwarded to the state office by registered post/e-mail, keeping the other copy in the branch as its office copy.
- (g) On receipt of corrected lists from the local branches, the state office will send corrected lists to Head Quarters/Journal Office.
- (h) The local branches should note that these lists constitute the valid lists of members of that branch and will form the basis for computation of membership strength of that branch.

The due date for submission of corrected lists to Journal Office is 30th April of that year.

- Note:**
1. Failure to update the lists and non-submission of the same to the state office in time will result in wrong computation of membership strength.
  2. Further if the corrected lists are not received in time, local branches are hereby informed that the strength of their branch will be taken as that of previous year.
  3. It may also be noted that the lists sent directly to the Head Quarters/Journal office will not be considered.

## SUBSCRIPTION

(A) Honorary Members shall not have to pay subscription.

(B) Life members shall pay subscription as per the directions of the IMA HQ.

Each Local Branch shall fix an annual subscription for its members depending on their activities and requirement.

### Life membership fees

	Headquarters contribution	State contribution	Total
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Single	Rs. 6,571	Rs. 4,429	Rs. 11,000
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Couple	Rs. 9,850	Rs. 6,650	Rs. 16,500
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### Functioning of State Branch

The general control, management and direction of the policy and affairs of the state branch shall be vested in a body styled as the state council.

The council shall be a continuous body. Additions/Alterations in the list of the members of state council maintained at the state office shall be effected each year on or before 30 September. For this purpose the local branches shall intimate the names of the newly elected state council representatives to the state office by 15 September of each year at the latest.

### A Composition of the State Council

1. President of the state branch
2. President elect
3. 4 Vice presidents (1 Reserved for lady Doctor member)
4. Hon. State secretary
5. Hon Joint Secretary
6. Hon. Treasurer
7. Assistant Secretary nominated by the President
8. Public Relation Officer
9. Regular and Alternate Central working Committee members
10. Past Presidents of the state branch.
11. Immediate past Hon Secretary of the state branch.
12. Elected members of the state council and centre council from all local branches

13. One secretary of each local branches
14. Six members to be state working committee elected by members of state council.
15. Chair man and Hon secretary of IMA AMS
16. Directors and Hon Secretary IMA CGP
17. Editor KMJ
18. Editor IMA Focus
19. President IMA Housing Co. Operative Society
20. Chairman IMA Club
21. President of Bangalore Surgical Trust and Co Sponsored IMA KSB Dr K Krishnamurthy Medical Library and Information Centre.
22. President medical Library and information centre.
23. IMA Headquartres office bearers from Karnataka state for the year.
24. Internal Auditor.
25. Chairman Finance Committee
26. Chairman Subject Committee.
27. Chairman Rules and Bye-Laws Committee.
28. Chairman KPPS
29. Chairman IMA Building Committee.
30. Chairman KSSS.
31. Chairman IMA KSHS
32. Chairman IMA Kannada Vaidyara Barahagarara Samithi.

Special Invitees may be co- opted by the President for representing special interest,. as and when necessary without the power of voting. It is proposed to invite Chairperson IMA Karnataka Junior Doctors Network and Chairperson of IMA Karnataka Students Network to state council meetings.

### **Powers and Functions of the State Council**

- A) The State council will administer the affairs of the association in accordance with the memorandum, Rules and Bye-Laws of the association. The council shall exercise such powers and do such acts and terms as may be exercised by the association.

- B) The State council shall have the right to delegate some of its powers except those relating to change of memorandum, rules and Bye-Laws to a Committee known as working committee, the composition of which shall be governed by Bye-Laws.
- C) The State council shall have the right to appoint special and ad hoc committees for any purpose with terms of references, which shall be binding on IMA club IMA KSSS, IMA KPPS, IMA KHSH, IMA Housing Society, Building Committee etc.
- D) The Decision of the state council in all matters not covered by the rules shall be final in matters excepting amending and changing of Memorandum Rules and Bye-Laws of the Association. Quorum for state council meeting is 50

There will be Three state council meetings in a year. First State Council meeting will be immediately after annual general body meeting during annual conference of IMA KSB. Second will be in the month of April. Third will be during annual conference prior to annual general body meeting.

### **State working Committee**

For the efficient working of the association, The day to day administration of the same shall be carried out by a committee styled as the working committee to which the state council may delegate some of its powers. The working committee will be responsible to be state council. The working committee will be constituted as follows

1. President of the state branch
2. President elect
3. 4 Vice presidents (1 Reserved for lady Doctor member)
4. Hon. State secretary
5. Hon Joint Secretary
6. Hon. Treasurer
7. Assistant Secretary nominated by the President
8. Public Relation Officer
9. Regular and Alternate Central working Committee members
10. Six members to be state working committee elected by members of state council.

11. Chair man of IMA AMS
12. Director IMA CGP
13. Editor KMJ
14. Editor IMA Focus
15. Chairman IMA Club
16. Immediate Past State Secretary
17. President medical Library and information centre.
18. IMA Head quarters office bearers from Karnataka state for the year.
19. Internal Auditor.
20. Chairman Finance Committee
21. Chairman Subject Committee.
22. Chairman Rules and Bye-Laws Committee.
23. Chairman KPPS
24. Chairman IMA Building Committee.
25. Chairman KSSS.
26. Chairman IMA KSHS
27. Chairman IMA KSB Kannada Vaidya Barahagarara Samithi .

It is proposed to include chairperson IMA Karnataka Junior Doctors Network and Chairperson IMA Karnataka Students Network to the State Working Commiittee.

### **Powers and Functions of the working Committee**

- A) The Working Committee shall be executive authority and as such shall have the powers to put in to effect, the policy and programmes of the association as laid down by the state council and shall remain responsible thereto.
- B) It shall maintain the efficient working of the association office, exercise full control over the paid staff of the association including appointments, censure and dismissal, promotion and salary hike etc,
- C) It shall hold meetings as often as necessary. The working committee generally meets 4 times a year.
- D) The Quorum for the meeting is 25.

## **General Body**

Annual General body meeting to be held during the IMA KSB annual conference. Subjects like amendment of memorandum rules and Bye-Laws along with adoption of audited accounts, ratification of election results, installation of new office bearers, consideration of budget for ensuing year and appointment of auditor will be taken up. Quorum for general body meeting is 60.

### **Special General Body Meeting**

A special general body may be convened at any time on requisition of the president, of the state working committee or on requisition of not less than one third of number of members of state working committee or, one tenth of the total number of members of the state council. The quorum for this special general body meeting is 40.

### **IMA FOCUS:**

Is published monthly with activity reports of all IMA branches of the State. Local branch secretary should send reports of activity of the branch by 20th of every month to Editor Focus by email: [imafocus@gmail.com](mailto:imafocus@gmail.com), or and [Reg.post](#).

### **Karnataka Medical Journal**

It is Quarterly journal published by IMA Karnataka Sate branch. Efforts are made to make it indexed, for the benefit of post graduate medical students and medical teachers.

## IMA STATE AWARDS

1. IMA Shimoga Branch Silver Jubilee 1973 Rolling Trophy for First Best Big Branch
2. Second Best Big Branch Award Rolling Trophy Donated by University Medical Old Students Association.
3. Best Small Branch Award Rolling Trophy Donated by Dr.(Mrs)Sudha. M.Kallianpurkar.
4. Best Big Branch for Medico Social &Community Health Activities Rolling Trophy Donated by IMA South Kanara Branch
5. Best Secretary Award
6. Rolling Trophy for the Small Branch which was most active in Socio Medical Activities.
7. Rolling Trophy for Small Branch which was most active in conducting Scientific Activities.
8. Rolling Trophy for the Branch which registers maximum increase in membership during the year among smaller Branches.
9. Rolling Trophy for the Branch which registers maximum increase in membership during the year among Larger Branches.
10. IMA Karnataka State Branch Sports Award.
11. Diamond Jubilee Rolling Trophy for Medium Size Branch
12. IMA Karnataka State, Ladies Wing Award.
13. Rolling Trophy for the best District Coordinator Donated by Dr.Suresh Kudva, IMA Karkala Branch.
14. IMA State branch Achievers Award: For the Members and their family for their achievement.

### ORATIONS

#### **A. There are five Orations during Annual Conference.**

1. IMA KSB Prof. Dr.Nanjundaiah Memorial Association Oration.
2. IMA KSB Association Endowment Oration.
3. IMA KSB Prof. Dr.S.V.Govinda Shetty Memorial Oration.
4. IMA KSB Prof. Dr.R.H.N.Shenoy Oration.
5. IMA KSB Prof. Dr.A.K.N.Sinha Oration.

**B. IMA AMS Dr.B.M Alur Oration, to be conducted during Annual IMA AMS Conference.**

**IMA has two academic wings:**

1. The IMA College of General Practitioners.
2. The IMA Academy Of Medical Specialities.

**THE IMA COLLEGE OF GENERAL PRACTITIONERS:**

The purpose for which the college was established is to encourage, foster and maintain the highest possible standards in General Medical Practice and to collaborate with the other organisations in taking steps consistent with professional nature. Subjects as here in after provided the college shall have the fallowing powers:

To establish and maintain an academic and educational institution for general medical practioners.

To encourage and establish its State Faculties/ Sub Faculties through the Indian Medical Association.

To undertake or assist in undertaking training courses or other educational activities, designed to enhance the medical knowledge and skill of general medical practitioners etc.

Life membership fee is Rs.1000. After 13 years of General Practice members are entitled to apply for FELLOW SHIP, FCGP by paying Rs.5000

**IMA ACADAMY OF MEDICAL SPECIALITIES:**

The Indian Medical Association through its Academy of Medical Specialities has endeavoured to cater to the needs of the specialists colleges practising in major specialities and even in super specialities.

To achieve its aims and objective, the IMA AMS started organising State Chapters and Sub faculties, through the Indian Medical Association.

To undertake or assist in undertaking training courses or other educational activities designed to enhance the medical knowledge and skill of medical practitioners., etc.

Life Membership Fee is Rs. 1000. After 10 years of practice, specialists can apply for fellowship "FIAMS"

**Fellowship fee is Rs. 5000.**

## Inaugural Function - Seating arrangement

## Abbreviations

## LOCAL CONFERENCE

34

**INDIAN MEDICAL ASSOCIATION KARNATAKA STATE BRANCH**  
**MONTHLY ACTIVITIES REPORT OF THE LOCAL BRANCHES FORMAT**

Name of the Branch: IMA

Date of Reporting

[To be sent to IMA KSB on or before 20th of every month]

-----  
1. Name of the President: Dr.

2. Name of the Secretary: Dr.

3. Membership of your Branch:

4. CME Programme No of CME Programmes conducted:

Details of Each programmes:      Date:

Duration:

Name of the speaker:

No. Of Doctors attended:

5. Health Camps:

No of Camps Conducted:

Details of each Camp

Date

6. Health Education Programme

No of Programmes Conducted

Details of Camp

Date

7. Celebration of National/

State Events

Details of the events conducted.

Any other events

Name & Signature of the Secretary

Seal of the Local Branch

## INDIAN MEDICAL ASSOCIATION HQ

The IMA Head Quarters is the final controlling body of all State branches and local branches. It is situated at New Delhi. The address is as follows:

### INDIAN MEDICAL ASSOCIATION [H.QS]

(Registered under the societies act xxi of 1860)

Mutually Affiliated with the British & Nepal Medical Associations

IMA House, Indraprastha Maarg, New Delhi - 110002.

+91-11-23370009, +91-9999116375, +91-9999116376

Email: hsg@ima-india.org

Website: WWW.ima-india.org

The day to day activities of IMA HQ is carried out by the Committee called Central Working Committee which meets twice a year and is guided in its policies by Central Council.

**Central Council :** Local branches will elect one representative for every 100 members to be on the central council, who is supposed to present the views of the branch at Head quarters level. The members of the central council will meet once in a year, generally on the first day of Annual National Conference. They also elect various office-bearers, Chair persons and convenors, to various standing committees and sub-committees of IMA.

**CENTRAL WORKING COMMITTEE:** Apart from few other representations each state will elect one representative for every 1000 members HFC sent to Head quarters. These members are elected by the state council, every two years, regular central working members and same number of alternate central working members for each year separately. They will oversee the entire functioning of IMA. And meet twice in a year. They also elect various office bearers, Chair persons, and convenors to various standing committees and Sub-committees of IMA.

**Central election:** Every two years a President, President Elect and Four Vice-presidents are elected through each local branches of IMA, (voters are central council members of that branch)

IMA JOURNAL: The Editor of the Journal (IMA) publishes the journal on a monthly basis on behalf of the Association, the office of which is located at Calcutta. Any complaint / articles to be sent to the Journal office may be sent through State Office to the following address:

**JOURNAL OF INDIAN MEDICAL ASSOCIATION**

Official Publication of the Indian Medical Association

IMA House, 53 Creek Row, Culcutta-700014, India.

Post Box No. 11249,

Telephones: (033)2237-8092,2236-0573,2237-0412. Fax(033)2236-6437

Email:j\_ima@vsnl.net, jima1930@rediffmail.com, jimamkt@gmail.com,

jimacir@gmail.com,

journalaccts@gmail.com.



## INDIAN MEDICAL ASSOCIATION

I.M.A. HOUSE, INDRAPRASTHA MARG, NEW DELHI-110002  
Tel. +91-11-2337 8680, 2337 0473; Fax: +91-11-2337 9470, E-mail: [inmedici@vsnl.com](mailto:inmedici@vsnl.com)

### MEMBERSHIP APPLICATION FORM

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

Photo

Member's Signature

Membership Proposed by Dr. \_\_\_\_\_ IMA Hqrs.' 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/SMC Certificate; IN BLOCK LETTERS): \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_ Date of Birth

DD

MM

YYYY

Address (Permanent/ Correspondence): \_\_\_\_\_

Clinic/Hospital Address: \_\_\_\_\_

Mobile No. \_\_\_\_\_ Tel. (R) \_\_\_\_\_ Tel. (Clinic/Hospital) \_\_\_\_\_

Email ID. \_\_\_\_\_ Fax No. \_\_\_\_\_

QUALIFICATION	M.B.B.S. (1)	(2)	(3)
COLLEGE			
UNIVERSITY			

Designation (Practice/Job): \_\_\_\_\_

Registration Details: (Photocopy of Registration Certificate to be enclosed with IMA Hqrs. Form)

Registration No. of Medical Council of India/State Council \_\_\_\_\_ Date: \_\_\_\_\_

Service (details): \_\_\_\_\_

I declare that I am registered with MCI/State Medical Council. I certify that all details/documents furnished are true. If my statement is found to be incorrect my membership would stand to be cancelled and the fee paid by me to all sections of IMA will be liable to be forfeited by them. I hereby give undertaking that I shall abide by the Rules and Regulations of IMA.

Date: \_\_\_\_\_

Place: \_\_\_\_\_ Signature of the Applicant

Certified that I have verified the qualifications and registration of the applicant and his eligibility as per rules of IMA for being enrolled as member of the Indian Medical Association. Forwarded to the Hony. Secretary General along with HFC.

Signature & Stamp of  
Hony. Secretary, Local Branch

Forwarded to IMA Hqrs. along with HFC on \_\_\_\_\_

Received at IMA Hqrs. along with HFC on \_\_\_\_\_  
Membership confirmed on \_\_\_\_\_

Signature & Stamp of Hony. State Secretary

Signature & Stamp of Hony. 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 Hony. Secretary General by providing addressograph list to JIMA.

Membership will commence only after it is approved and confirmed by the Hony. Secretary General, IMA (HQs.)

## New Plastic IMA Life Membership Identity Card

### INDIAN MEDICAL ASSOCIATION



IMA HOUSE, I.P. MARG, NEW DELHI - 110002

### LIFE MEMBER

L.M. No. KRI/111445/33/1826/138529/2008-09/L

Photo

Name: Dr. RAJI RANJAN  
Address: KRWA - 239, HARSHADA KUTHIRAKADU  
LANE, VATTIYOORKAVU  
TRIVANDRUM - 695013, KERALA  
Branch: THIRUVANTHAPURAM  
State: KERALA

Date of Issue: 13/03/2009      Date of Birth: 03/05/1955  
Signature of Member      Signature of HSG

Those interested for having a plastic Identity card with their photograph and signature are requested to complete the proforma in CAPITAL LETTERS with Black ink and send the same to the IMA Hqs, along with a DD of Rs. 100/- drawn in favour of 'IMA Hqs.' Payable at New Delhi.

**Dr. Dharam Prakash**  
Hony. Secretary General

### PROFORMA

Photo

Name : .....

L.M. No. : .....

Address : .....

Branch : .....

State : .....

Date of Birth : .....

Signature of Member



## IMA ACADEMY OF MEDICAL SPECIALTIES H.Q.RS

(Under the auspices of Indian Medical Association)  
Headquarters: I.M.A. Building, Esamia Bazar, Hyderabad-500 027  
Tel: 040-24740015; Email: [imaamshyd@gmail.com](mailto:imaamshyd@gmail.com)  
Fax: 040-24740015; website: [www.ima-ams.org](http://www.ima-ams.org)

Photo

### APPLICATION FORM FOR LIFE MEMBERSHIP

I hereby apply to be elected a Member/Associate Member/Overseas Member/Life Member of I.M.A. Academy of Medical Specialties. My particulars are given below:

I am a member of the Indian Medical Association:

(A) IMA Membership No.....

(B) State .....Branch.....Direct Member.....

(C) Proposed by .....

I have read the Rule & Bye-Laws of the I.M.A. Academy of Medical Specialties and, if elected as a member, I agree to abide by the same.

Place.....

Date.....

.....  
**Signature of the applicant**

1. Name in Full

(Block Letters).....

2. Date of Birth.....3. Sex..... 4. Name of Father/Husband.....

5. Postal Address.....

6. Land Line No .....Mobile No.....

7. Email ID..... 8. Demand Draft No.....

9. Name of the Bank..... (The Life Membership fee of Rs. 1000/-)

#### Qualifications:

	Degree/Diploma	University/Institution	Year Obtained
i.	.....	.....	.....
ii.	.....	.....	.....

**Please enclose photo copies of IMA Membership/Degree, Post Graduate & Diploma/Degree/copy of MCI registration**

#### 11. Experience:

	Designation	Institution	Period: From To
i.	.....	.....	.....
ii.	.....	.....	.....

**If the space provided under any item is inadequate use additional sheets/s**

Contd.....

12. (a) Membership of Medical Associations:

National/International

1.....

2.....

(b) Membership of other Organisations:

1.....

2.....

13. Prizes, Medals, Awards etc.

Under-graduate/PG/After PG Level

1.....

2.....

National or International awards:

1.....

2.....

14. Publications:

Title

Name of co-authors if any

Name & Issue of Journals

.....

.....

15. Any other information:

.....

.....

Recommended and forwarded to the Honorary Secretary, I.M.A. Academy of Medical Specialities, I.M.A.

Building, Esamia Bazar, Koti, Hyderabad – 500027, Telangana.

..... Honorary Secretary

..... Honorary Secretary

..... Branch Chapter

..... State Chapter

Date .....

---

**FOR HEADQUARTERS USE ONLY**

---

Application received on .....

Category of Membership applied for:

MEMBER / ASSOCIATE MEMBER/ OVERSEAS MEMBER / LIFE MEMBER

Membership approved on.....

Membership No.....

**Please strike out whatever is not applicable.**

Honorary Secretary  
I.M.A. Academy of Medical Specialities  
Head Quarters, Hyderabad

**- END -**

## IMA ACADEMY OF MEDICAL SPECIALITIES H.QRS



(Under the auspices of Indian Medical Association)  
Headquarters: I.M.A. Building, Esamia Bazar, Hyderabad-500 027  
Tel: 040-24740015; Email: [imaamshyd@gmail.com](mailto:imaamshyd@gmail.com)  
website: [www.ima-ams.org](http://www.ima-ams.org)

### **PROFORMA-NOMINATION FOR FELLOWSHIP** **IMA ACADEMY OF MEDICAL SPECIALITIES**

Photo

Ref. No. A-1/Academy/Fell.

The Honorary Secretary,  
I.M.A. Academy of Medical Specialities,  
105, I.M.A. Building, 2<sup>nd</sup> Floor, Koti,  
Esamia Bazaar, Hyderabad – 500027.

#### Membership No.

IMA .....

IMA AMS.....

We have great pleasure in nomination Dr. \_\_\_\_\_

Address: \_\_\_\_\_

Mob: \_\_\_\_\_ Land Line No: \_\_\_\_\_

Email ID: \_\_\_\_\_

For Fellowship of the Academy and a life member of the Academy.

His Particulars are appended as under :-

1. Up-dated Bio-data of the candidate (One Copy) as per our proforma enclosed.
2. Membership Certificate from the branch of IMA of which he is a member.
3. Bank Draft No. \_\_\_\_\_ drawn on \_\_\_\_\_ Bank (Fee: Rs. 5000/-) enclosed.

#### **In the name of IMA Academy of Medical Specialities**

Proposed By:

Seconded by:

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Fellow of IMA AMS

Fellow of IMA AMS

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Note: A fellow can propose only one nomination in a year

The particulars given above are correct to the best of my knowledge.

Branch Chapter Secretary

State Chapter Secretary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

#### **TO BE FILLED BY THE NOMINEE**

I agree to my nomination being considered by the "IMA ACADEMY OF MEDICAL SPECIALITIES" for award of its Fellowship.

I affirm that the decision of the Academy in this regard shall be final and is acceptable to me.

Signature : \_\_\_\_\_

Name (in capital): \_\_\_\_\_

Contd.....

**TO BE FILLED BY IMAAMS SECRETARIAT**

- Nomination \_\_\_\_\_ along with all relevant documents and bank draft.
- Recommendation of the Credential Committee: \_\_\_\_\_ Approved/Keep Pending/Not Approved
- Final recommendation of the Governing Council IMA AMS: \_\_\_\_\_ Nomination accepted/Not accepted

Honorary Secretary  
IMA Academy of Medical Specialities

Dated:

(INCOMPLETE FORMS WILL NOT BE ENTERTAINED)

**PROFORMA**  
**(TO BE FILLED BY THE NOMINNE FOR AWARD OF IMAAMS FELLOWSHIP)**

1. Name : Dr.....
2. Designation: .....
3. Date of Birth:.....

4. Qualifications:

Name of College	University	Year
-----------------	------------	------

i)

ii)

iii)

5. Institutions attached:

6. Membership and Fellowship of the various Scientific Societies

(Kindly attach photocopy of each membership/Fellowship certificate)

7. I.M.A. Activities

- i) Office bearers of the Local Branch IMA/State/Sub-Faculty, IMA CGP
- ii) Office Bearers of the State
- iii) Office Bearers of the Headquarters
- iv) Office Bearers of the Branch Chapter, IMA AMS
- v) Office Bearers of the State Chapter, IMA AMS

8. Participation in the Academic Programmes in the IMA:

- i) Attended the Conference organized by Local Branch/IMACGP and State Chapter of Academy Year
- ii) Delivered Lectures in the Local Branch/ IMA CGP and State Chapter Academy
- iii) National Conference attended:

**Contd.....**

9. Awards received (copy of Certificates)

Name of Award

Year

i)

ii)

iii)

10. Social Service rendered  
Name of Organisation

Date when held

Certificate/ Award(if so attach copies)

i)

ii)

iii)

11. Publication (No. of Publications)

(Kindly mention the details of your publications as per bibliography given in the Annals of IMA Academy of Medical Specialities)

.....

**Signature**

**Dr.** \_\_\_\_\_

**- END -**



## INDIAN MEDICAL ASSOCIATION (Headquarters)

I.M.A. House, Indraprastha Marg, New Delhi-110 002

Telephones: +91-11-2337 0009 (10 lines), 23378680 / +91-9999116375, 9999116376

Website: [www.ima-india.org](http://www.ima-india.org) ; Email: [hsg@ima-india.org](mailto:hsg@ima-india.org)



### Application for the Conferment of Honorary Professorship of:

- Indian Medical Association
- IMA-Academy of Medical Specialities
- IMA-College of General Practitioners

Recent  
Photograph

### Applying for Honorary Professor of:

☐ IMA

☐ IMA-AMS

☐ IMA-CGP

Name of Applicant	:	
Title	:	
Date of Birth	:	
Gender	:	
Address	:	
Cell/Mob Number	:	
Email	:	
Website	:	
Blog	:	

### Membership:

Membership	YEAR OF JOINING	NUMBER
IMA		
IMA AMS		
IMA CGP		

### Qualifications:

#	Degree / Discipline	Year of Passing	University	Registration
UG	MBBS			
PG				
SS				
Fellowship				
Others				

Contd.....

**Publication: (Recent 5 only)**

#	Title	Journal	Index	Authorship First/corresponding
1.				
2.				
3.				
4.				
5.				

**CME Lectures, Oration, Faculty: (Recent 5 only)**

#	Title	Type	Place	Credit hours
1.				
2.				
3.				
4.				
5.				

**Position held in IMA (Latest 3 only):**

#	Post	BR/STATE/HQs	Year
1.			
2.			
3.			

**Reference / Proposer (up to 3 only):**

#	Name	Position in IMA	Email / Mob	State
1.				
2.				
3.				

**MANDATORY ENCLOSURE:**

1. Curriculum vitae not more than two pages
2. Outline of your contribution for Medical Education (250 words)
3. Narrative of your vision and areas of help you can offer for medical Education (250 words)
4. Photo

The application should reach the Honorary Secretary of IMA (HQs.) ([hsg@ima-india.org](mailto:hsg@ima-india.org)) on or before 20<sup>th</sup> August 2021.

(Signature of the Applicant)

**- END -**



# I.M.A. College of General Practitioners

## Head Quarters

IMA TN State HQs Building, Doctors Colony, Via Bharathi Nagar 1<sup>st</sup> 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**

**- END -**



**IMA COLLEGE OF GENERAL PRACTITIONERS  
(Under the auspices of INDIAN MEDICAL ASSOCIATION)**

**Head Quarters**

IMA TNSB Building, Doctors Colony, Via. Bharathi Nagar, First Main Road, Off: Mudichur Road,  
Tambaram West, Chennai – 600 045.  
Mob: 86672 39868 /97890 14450, Email: cgpima@gmail.com Website: imacgpindia.com

**PROFORMA NOMINATION FOR HONORARY FELLOWSHIP IMA CGP**

The Academic Council  
IMA College of General Practitioners  
Doctors Colony, (Via). Bharathi Nagar, 1<sup>st</sup> Main Road,  
Off. Mudichur Road, Tambaram West, Chennai - 45

Photo

**Sub: HONORARY FELLOWSHIP OF IMACGP NOMINATION FORM**

Dear Sir,

I have great pleasure in nominating Dr. .... resident of  
..... for Honorary Fellowship of the College.  
He is a life member of the College (Life membership No.....) and has a seniority of  
20 years in the profession or more. His particulars are appended as under.

1. Up-dated Bio-data
2. IMA CGP Membership application form (Applicable in case of new applicants only)

Proposed by: (fellow IMA CGP)

Seconded by: (Fellow IMA CGP)

Signature .....

Signature .....

Name .....

Name .....

Address .....

Address .....

Email: .....

Email: .....

Encl: as above

Date: .....

**TO BE FILLED BY THE NOMINEE**

I agree to my nomination being considered by the Academic Council IMACGP for award as Honorary Fellowship of the College.

I affirm that the decision of the Academic Council, IMACGP in this regard shall be final and it acceptable to me.

I enclosed a bank draft for Rs.10, 000/- in favour of **IMA CGP HQRS**, payable at Chennai.

Please note that I am a life member of the College (L.M. No. ....) and life member of the IMA (L.M. No. ....). (If not IMA CGP LM – Rs: 1000/- Extra).

Signature .....

Name (in capital) .....

Address .....

Mobile: .....

Email .....

Dated: .....

**VERIFIED AND FORWARDED TO THE COLLEGE HEADQUARTERS FOR THE NEEDFUL**

Signature

Hon. Secretary.....State Faculty IMA CGP.....

(P.T.O)

ENCLOSURE TO THE NOMINATION FORM

HONORARY FELLOWSHIP IMACGP- BIODATA OF NOMINEE

1. NAME \_\_\_\_\_
2. QUALIFICATIONS (YEAR) \_\_\_\_\_
3. SPECIALITY PRACTICED General Practice/Family Medicine/ \_\_\_\_\_
4. PROFESSIONAL CAREER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. CONTRIBUTION TO JOURNALS (name with titles)  
a) \_\_\_\_\_  
b) \_\_\_\_\_
6. CONTRIBUTIONS (Titles) TO CONFERENCES/SYMPOSIA/SEMINARS/BOOKS ETC.  
a) \_\_\_\_\_  
b) \_\_\_\_\_
7. ATTACHMENT TO HOSPITALS/CLINICS ETC  
a) \_\_\_\_\_  
b) \_\_\_\_\_
8. AWARDS/ DISTINCTIONS/PROFESSIONAL ACHIEVEMENTS ETC
9. MEMBERSHIP OF PROFESSIONAL ORGANIZATIONS  
a) \_\_\_\_\_ B)  
c) \_\_\_\_\_ D)
10. NAMES OF JOURNALS SUBSCRIBED  
a) \_\_\_\_\_ B)  
c) \_\_\_\_\_ D)
11. IMA COLLEGE OF GENERAL PRACTITIONERS a) L.M. No. \_\_\_\_\_  
b) Offices held \_\_\_\_\_  
c) Member teaching Faculty Hqrs. / State Hony. Professor of \_\_\_\_\_ at \_\_\_\_\_
12. INDIAN MEDICAL ASSOCIATION L.M. No: \_\_\_\_\_ through \_\_\_\_\_  
branch under \_\_\_\_\_ State Branch.
13. OTHER ACADEMIC ACHIEVEMENTS

Signature: \_\_\_\_\_

TO BE FILLED BY THE IMACGP SECRETARIAT

- Nomination received on \_\_\_\_\_ along with all relevant documents.
- Recommendations of the Credential Committee \_\_\_\_\_ approved /keep pending/ not approved.
- Final recommendation of the Academic Council, IMACGP \_\_\_\_\_ nomination accepted/ Not accepted
- Hony. Fellowship Regd. No. \_\_\_\_\_  
Scroll issued during convocation in the year \_\_\_\_\_

Honorary Secretary IMACGP  
On behalf of Academic Council IMACGP

Enclosure:

1. IMA Life Membership Certificate
2. IMA CGP Life Membership Certificate
3. Recent Pass port Size Photo- 3 Nos
4. Personal Bio Data (Profile)
5. MCI Registration Certificate



# I.M.A. NATIONAL SOCIAL SECURITY SCHEME

2nd Floor, A.M.A. House, Opp. H.K. College,  
Ashram Road, Ahmedabad-380009.(Gujarat)

**Phone/Fax : (079) 2658 5430**

**Time : 2.00 p.m. to 6.30 p.m.**

**E-mail : imansss1@gmail.com  
imansss@vsnl.net**

**Website : www.imansss.org**

## FOR OFFICE USE

File No. :

NSSS No.:

Branch :

State :

Category :

PHOTOGRAPH

## APPLICATION FORM

(To Be Filled in Block Letters)

Surname :

First Name :

Name of Father / Husband :

Sex :

Date of Birth :

Age :

Qualification :

Name of Local Branch of I.M.A. :

Name of State Branch of I.M.A. :

I.M.A. H.Q. L.M. No. :

Correspondence Address

Telephone No. :

Resi :

Clinic :

STD Code No. :

Mobile No. :

E-mail :

State : \_\_\_\_\_ Pin Code \_\_\_\_\_

I, the undersigned hereby apply for the Membership of I.M.A. National Social Security Scheme.

I enclosed herewith Demand Draft/Cheque No. \_\_\_\_\_ Date \_\_\_\_\_

drawn on \_\_\_\_\_ for Rs. \_\_\_\_\_

being the Admission Fee as per age + Rs. 5,000/- (A.F.C.) + Membership Fee Rs. 50/- only. I do hereby declare that above information is true and I have withheld no information what so ever regarding the Application and I agree to pay the amount demanded as per the death of member of this scheme. I further agree to abide by the condition laid down in the constitution.

Date : \_\_\_\_\_

Applicant's Signature

## CERTIFICATE

This is to certify that Dr. \_\_\_\_\_ is a Life Member  
of \_\_\_\_\_ Branch of I.M.A. \_\_\_\_\_ State  
From \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Secretary / President  
(Rubber Stamp of Local Branch)

(P.T.O)

**RULE OF ELIGIBILITY TO BECOME MEMBER OF IMA NSSS :-**

Any life member of I.M.A. upto age of 60 years residing in India is eligible to become a member of this scheme, but members above the age of 40 years and below the age of 60 years, must be life member of I.M.A. atleast for 3 Years on the day of joining the scheme.

**RULE FOR BENEFIT : (Amended Rule Since 19-7-2002)**

Benefit of Fraternity Contribution of the scheme is liable after completion of one year of membership of I.M.A. N.S.S.S. However nominee of member be entitled for such benefits if death of members occurs in accidents even within one year of joining the scheme.

- N.B.**
1. Demand Draft of Cheque only payable at Ahmedabad will be accepted M.O. or Cash will not be accepted in any circumstance. Send cheque or Demand Draft by Registered A.D. Post only.
  2. Cheque of Demand Draft to be drawn in favour of **"INDIAN MEDICAL ASSOCIATION - NATIONAL SOCIAL SECURITY SCHEME". (I.M.A. N.S.S.S.)**
  3. **Life Membership of I.M.A. Head Quarter is Compulsory.**
  4. Form must accompany Certified Photo Copy of (1) Birth Certificate (2) Life Membership Certificate of I.M.A. H.Q. (3) Medical Council Registration Certificate.
  5. Passport size Photograph.

**: NOMINATION FORM :**

Name of the Nominee

(In Capital Letter) \_\_\_\_\_

Specimen Signature of Nominee or  
Guardian in case of minor nominee :

Relationship with  
Member : \_\_\_\_\_

If Nominee is Minor, Name of the person who  
represents the minor and his/her address :

Date of birth and Age of Minor

Amount For D.D. For Various Age Group	ADVANCE FRATERNITY CONTRIBUTION (A.F.C.)	MEMBERSHIP FEES	ADMISSION FEES	TOTAL RS.
1. Below age 30 Years	5000	50	1000	6050
2. Between 31-40 Years	5000	50	2000	7050
3. Between 41-50 Years	5000	50	3000	8050
4. Between 51-55 Years	5000	50	4000	9050
5. Between 56-60 Years	5000	50	5000	10050

**In Case of outstation Cheque - Add Rs. 90/- as Bank Charges**



# INDIAN MEDICAL ASSOCIATION NATIONAL PROFESSIONAL PROTECTION SCHEME

IMA State Headquarters, Anayara P O, Thiruvananthapuram 29

Tel: 0471 2741144, E-mail: imanpps@gmail.com

## MEMBERSHIP APPLICATION FORM

(To be filled in block letters)

Full Name	
Communication Address	
Contact Number	
E-mail ID	
Father's/Spouse's Name	
Qualification (University & Year of Passing)	1. 2. 3. Any other:
Registration No. with name of the Medical Council & Year of Registration	
Name of the Institutions where you are working at present	
Whether insured with any Insurance Company under Indemnity Scheme and if so, give name of the Company, Policy No. & Date of expiry	
Name of the Local Branch & State	
IMA Life Membership No.	
No of additional units requested	
Membership in Enhanced Protection Scheme	
Remittance by DD/Cheque/Bank transfer payable at Thiruvananthapuram (details)	

### DECLARATION

I ..... a Life Member of ..... Branch of IMA under  
..... State/Territorial Branch do hereby, declare that the details furnished  
above are true and correct and that I will abide by the Rules and Regulations of National Professional  
Protection Scheme of IMA.

Signature .....

Date .....

Name .....

### CERTIFICATE FROM LOCAL BRANCH PRESIDENT/SECRETARY

I, Dr. .... President/Secretary, IMA ..... Branch  
do hereby certify that Dr. .... is a Life member of  
IMA ..... Branch of ..... State.

Signature .....

Date .....

(Branch Seal)

President/Secretary, IMA ..... Branch

(P.T.O)

### **INSTRUCTIONS**

1. Membership to National P P Scheme is restricted to the Life members of IMA only.
2. Membership fee can be paid by cheque, DD or Bank Transfer.  
Account details for bank transfer:  
Account Name : NPP Scheme  
Bank Name : Bank of Baroda, Vanchiyoor Branch  
Account No : 24520100019850  
IFSC : BARBOVANTRI  
MICR Code : 695012005
3. DD should be drawn in favour of "National PP Scheme of IMA" payable at 'Thiruvananthapuram' and not in the name of any office bearer.
4. Membership fee once paid will not be refunded.
5. Litigations arising inside the jurisdiction of Republic of India only will be entertained. Litigations up to Rs.10 Lakhs in a single case and Rs.20 Lakhs per year, will only be supported by the Scheme.
6. Multiple units can be availed to increase your protection
7. If legal notice/case is received by a member, forward the following documents immediately by E-mail followed by Xerox copies (within 7 days) to the Hon. Secretary–
  - a. Xerox copy of the **notice/case**
  - b. Xerox copy of **Case Sheet**
  - c. Xerox copy of other relevant documents
  - d. A detailed **version of the incidence** (computer print in English)
  - e. Please attach **certified translation in English** of the documents
8. Reply to the legal notice/cases should be made only after getting the reply of the Hon.Secretary.
9. **MEMBERSHIP AND BENEFITS**  
Membership fee for the first year shall be Rs. 3000/-. Any cause of action from the date of realization of the membership fee for one full calendar year will be taken up by the scheme.  
FIRST YEAR MEMBERSHIP Rs. 3000/-  
SECOND YEAR MEMBERSHIP Rs. 2900/- (if no claim)  
THIRD YEAR MEMBERSHIP Rs. 2800/- (if no claim)  
FOURTH YEAR MEMBERSHIP Rs. 2700/- (if no claim)  
FIFTH YEAR MEMBERSHIP Rs. 2600/- (if no claim)  
SIXTH YEAR MEMBERSHIP Rs. 2500/- (if no claim)  
AFTER SIXTH YEAR FIXED PAYMENT Rs. 2500/- (if no claim)
10. Financial Assistance up to Rs. 50 Lakhs can be availed to join in "ENHANCED PROTECTION SCHEME" OF MEMBERSHIP FEE Rs.10000/-.
11. NPPS have its own webpage :www.nimapps.com
12. Application form duly filled with the DD/Cheque/Bank transfer may be send to:

#### **Residence**

Suryagayathri, Ambalappatta,  
Pattambi Road,  
Perinthalmanna,  
Malappuram – 679 322  
Mob: +91 9847004064  
+91 9447079074  
Email: jkvikram@hotmail.com

#### **Dr. A.V. Jayakrishnan**

(Hony. Secretary, NPPS)

#### **Administrative Office**

IMA State Headquarters  
Anayara P O  
Thiruvananthapuram – 695 029  
Tel: +91 471 2741144, Fax: +91 471 2741155  
Mob: 9847004064  
Email: imanpps@gmail.com

### **(FOR OFFICE USE ONLY)**

Memb.No.Allotted:

Application form:Complete/Incomplete

Date of Receipt:

Remarks:

Date of Commencement of Membership:

Signature of Hon. Secretary of N P P Scheme



# INDIAN MEDICAL ASSOCIATION NATIONAL FAMILY WELFARE SCHEME

## APPLICATION FORM

E.No. \_\_\_\_\_

R.No. \_\_\_\_\_

Date: \_\_\_\_\_

[imanfws2018@gmail.com](mailto:imanfws2018@gmail.com)

[www.nationalfamilywelfarescheme.com](http://www.nationalfamilywelfarescheme.com)

+919383488443

NAME:

AGE    SEX  M ☐ F ☐ DATE OF BIRTH

FATHERS NAME

SPOUSE NAME

PERMANENT ADDRESS

PHOTO

DISTRICT

Over signed by  
Branch Sec/Pres

STATE

PINCODE

SAME AS PERMENENT ADDRESS ☐

ADDRESS FOR COMMUNICATION

DISTRICT

STATE

PINCODE

MOB

TEL NO

EMAIL

QUALIFICATION

COLLEGE

UNIVERSITY

MEDICAL COUNCIL REG NO

YEAR

NAME OF MEDICAL COUNCIL

IMA LIFE MEMBERSHIP NO

NAME OF STATE BRANCH

NAME OF LOCAL BRANCH

NAME OF THE NOMINEE(S)

RELATIONSHIP

1.

2.

3.

4.

5.

(P.T.O)

## DECLARATION

I, Dr..... Aged .....yrs, hereby apply for the Membership of I.M.A National Family Welfare Scheme. I enclosed herewith Demand Draft/Cheque No..... Date drawn on.....for Rs..... being the Admission Fee as per age + Annual Subscription. I do hereby declare that above information is true and I have withheld no information what so ever regarding the Application and I agree to pay the amount demanded as per the death of member of this scheme. I further agree to abide by the condition laid down in the constitution of the scheme.

Payment by : DD ☐

Cheque ☐

DD/ Cheque No..... Date..... Bank & Branch.....

Date of Application .....

Applicant Signature

### CERTIFICATE FROM BRANCH PRESIDENT/SECRETARY

I.....President /Secretary of IMA..... Branch do here by certify that Dr.....is a Life member of IMA.....Branch.

Date.....

SEAL

Signature

#### 1. MEMBERSHIP

##### a. Admission Fee + Annual Subscription

- |                           |               |
|---------------------------|---------------|
| 1. Member Below 30 years: | Rs.3000+500   |
| 2. 31 years to 40 years   | Rs.5000+500   |
| 3. 41 years to 50 years   | Rs.7000+500   |
| 4. 51 years to 60 years   | Rs.10,000+500 |
| 5. 61 years to 65 years   | Rs.20,000+500 |

\*DD/Cheque in favour of "IMA NATIONAL FAMILY WELFARE SCHEME" payable at Nedumangad, Thiruvananthapuram District. Cash will not be accepted.

Contact us- +919383488443,

Email:- [imanfws2018@gmail.com](mailto:imanfws2018@gmail.com), For more details

Please visit [www.nationalfamilywelfarescheme.com](http://www.nationalfamilywelfarescheme.com)

#### 2. ELIGIBILITY FOR MEMBERSHIP

- Any IMA life member below the age of 65 years on the day of joining the scheme is eligible to become member of the scheme.

Proposed by Dr.....

State & Local Branch.....

Self-attested copies to be attached (\*Mandatory)

- Age proof \*
- IMA Life membership certificate

\*Completed forms and payments should be sent to Secretary

#### DR. K.VIJAYAKUMAR.

Chairman, IMA NFWS  
Past National President  
Vijayakumar Hospital,  
Swamiyarmadam, Kattathurai – 629158  
Kanyakumari District, Tamilnadu.  
Ph:- 09443161102, 9025162113  
Email:- [drvijayakumark@gmail.com](mailto:drvijayakumark@gmail.com)  
[rtkvvk3212@gmail.com](mailto:rtkvvk3212@gmail.com)

#### DR.MOHAN ROY. T

Hon. Secretary, IMA NFWS  
IMA House,  
Nedumangad,  
Pazhakutty – 695561  
Thiruvananthapuram District,  
Kerala State.  
Ph:- 09447988992, 09383488443  
Email:- [mohanroyt@gmail.com](mailto:mohanroyt@gmail.com)

#### DR MADANA MOHANAN NAIR R.

Treasurer, IMA NFWS  
'Sabarmathy',  
Punnapra,  
Alapuzha – 688004  
Kerala State.  
Ph:- 09446307976  
Email:- [rmadanamohanannair@gmail.com](mailto:rmadanamohanannair@gmail.com)

#### FOR OFFICE ONLY

Date of Application : \_\_\_\_\_

Receipt No : \_\_\_\_\_

Date of Enrollment : \_\_\_\_\_

IMA NFWS No : \_\_\_\_\_

Policy sent on : \_\_\_\_\_

Signature of Secretary

**Strictly Private & Confidential**

## **Benevolent Fund Application**

**To assist the Trustees in the consideration of your application please complete, sign and date this document and return as soon as possible to:**

**The Company Secretary, WPBSA, 75 Whiteladies Road, Clifton, Bristol, BS8 2NT**

**Please be aware that this form must be completed fully for your application to be considered.**

Name \_\_\_\_\_ Home Tel number \_\_\_\_\_

Mobile number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Please set out below the assistance required**

Amount of assistance you are seeking \_\_\_\_\_

Are you seeking a non-repayable grant **or** a loan? \_\_\_\_\_

If a loan what are your proposals for repayment?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(P.T.O) 1

**Strictly Private & Confidential**

What are the circumstances that have led you to make this application and for what purpose would any grant or loan be used if approved? (if for medical reasons please provide an original letter from your doctor confirming your medical condition and treatment and how this has contributed to your making this application)

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**ANNUAL INCOME**

Details of anticipated prize money for this season (ie. guarantees) if any

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Details of any other annual income during the last 12 months (ie wages, income support, housing benefit, jobseekers allowance, pension, tax credits, child allowance/maintenance payments, sponsorship income, interest on savings or any other financial assistance)

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**Strictly Private & Confidential**

Details of other anticipated annual income (excluding prize money) over the coming 12 months (ie wages, income support, housing benefit, jobseekers allowance, pension, tax credits, child allowance/maintenance payments, sponsorship income, interest on savings or any other financial assistance)

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Have you applied for any other financial assistance (such as income support) in the last 12 months?

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If so, please provide details

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If that application was declined please state reasons given

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Do you or your partner have any savings or investments? (include money in a bank/building society/National Savings Certificates/bonds/shares/ISA's or property owned in which you do not live etc)

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**OUTLINE OF ANNUAL FINANCIAL OUTGOINGS/COMMITMENTS**

Mortgage/rent (Please state monthly figure and whether mortgage or rent and whether in arrears.)

---

Other regular financial commitments (ie household bills, credit card payments, bank loans etc)

See over  
(P.T.O) 3

**Strictly Private & Confidential**

Household bills (food/clothes/gas/electric/water etc) \_\_\_\_\_

\_\_\_\_\_

Council Tax \_\_\_\_\_

Hire Purchase payments (state purpose) \_\_\_\_\_

Bank loans (please state amount and purpose of loan) \_\_\_\_\_

\_\_\_\_\_

Credit card debts (please state how debt incurred) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other **longer term** debt (please state how debt incurred) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide any other relevant information that you think will assist the Trustees to fully understand your circumstances and to reach a decision.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(P.T.O) 4

**Strictly Private & Confidential**

**DECLARATION:-**

I declare that to the best of my knowledge the information given on this form is true and correct

I understand that I will have to repay any loan that might be approved

Signature

---

Date

---

**If you require any help in completing this form please contact the Company Secretary on 0117 317 8216. Your application will be discussed and treated in strict confidence.**



**INDIAN MEDICAL ASSOCIATION'S  
KARNATAKA SOCIAL SECURITY SCHEME (R)- No 47/91-92**

Registered Office : IMA House, 2<sup>nd</sup> Floor, Bailappanavar Nagar, Hubli-580029.

Ph: 0836-2355656 - Email: [imaksshbl@gmail.com](mailto:imaksshbl@gmail.com) – Web : [imaksshbl.org](http://imaksshbl.org)

OLD EXISTING SCHEME ☐

NEW SILVER JUBILEE SCHEME ☐

(Separate Application ,DD/ Cheque & Documents should be sent if applied for both the Schemes)

**Documents to be attached:**

1. Duly filled and signed application form.
2. IMA Life membership certificate (Xerox copy).
3. Address proof –Aadhar/Voter ID.
4. Age proof certificate (Xerox copy)
5. Pan card.
6. Three passport size photos.

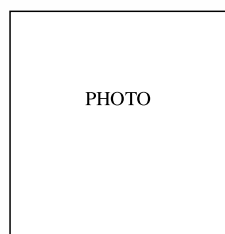
**Note:** a) At par Cheque/DD as per age tariff attached, to be drawn in favor of

IMA KSSS : For Old Existing Scheme

IMA KSSS SILVER JUBILEE : For New Silver Jubilee Scheme

b) Duly filled applications to be sent to registered office address mentioned above.

For office Use Only		
IMA-KSSS No :	Receipt No.	Folio No:
Branch :	Date:	
Date of Provisional Admission :		



**APPLICATION FORM (To be filled in Block letters)**

First Name & Surname : \_\_\_\_\_

Father's / Husbands Name : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Date of Birth: 



 Age: Years 



 Months

Sex: Male ☐ Female ☐

KMC Regn.No : \_\_\_\_\_ Date of Regn: \_\_\_\_\_ PAN No: \_\_\_\_\_

IMA Life Membership No : \_\_\_\_\_ IMA Branch: \_\_\_\_\_

CORRESPONDENCE POSTAL ADDRESS	PERMANENT POSTAL ADDRESS
PIN:	PIN:
FOR E-COMMUNICATION	
Phone No: Residence - _____	Hospital - _____
STD Code - _____	
Mobile No: _____	
Email : _____	

I the undersigned hereby apply for the membership of IMA's Karnataka Social Security Scheme under Old Existing Scheme / New Silver Jubilee Scheme (Tick appropriate one).

I have enclosed DD/ Cheque with No. \_\_\_\_\_ drawn on Bank \_\_\_\_\_

Branch \_\_\_\_\_ Dated \_\_\_\_\_ for Rs \_\_\_\_\_

in words \_\_\_\_\_ (P.T.O)

I do here by declare that the above information is true to the best of my knowledge and belief and that I have not withheld any information what so ever regarding my particulars. My membership from the scheme may be terminated if any information given is found to be incorrect or submission of any false information in the application form for joining the scheme or in subsequent communication. I further state that I am in sound state of mind & I agree to pay the Fraternity Contribution as per the rules of the scheme from time to time. I will abide by the constitution and bye-laws of IMA KSSS and amendments made from time to time in the constitution and bye-laws in future. I accept any decision of the Managing Committee as final. I also accept the legal jurisdiction of the IMA KSSS as Hubballi.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Applicant

Motivated by (IMA / KSSS Member) \_\_\_\_\_

I, Dr. \_\_\_\_\_ IMA Life member of \_\_\_\_\_

branch do hereby recommend Dr. \_\_\_\_\_

Life member of \_\_\_\_\_ Branch to become member of IMA'S KSSS.

Seal of Local branch

Signature of Local Branch President / Secretary/IMA'S KSSS MC Member

#### NOMINATION FORM

Sl.No	Name	Relationship	Signature
1			
2			
3			
4			

*Specimen Signature of the Guardian in case of minor nominee.* \_\_\_\_\_

Name of the person who represents the minor & His / Her Address

\_\_\_\_\_

Date of Birth of the Minor1)         Age: Years  Months

Date of Birth of the Minor2)         Age: Years  Months

I hereby declare that the above information furnished by me is true and correct.

Signature of the Applicant

(P.T.O)

### NEW SILVER JUBILEE SCHEME OF IMA KSSS HUBLI FEES STRUCTURE (TARRIF.)

DD/At Par Cheque should be sent in the name of "IMA KSSS SILVER JUBILEE"

Group	Silver Jubilee Scheme Age in Years	Subscription Fees	Registration Fees	Membership Contribution Fees	Group Accident Benefit Fees	Advance Fraternity Contribution	Total Amount
1	Below 30 years	200	500	10500	1500	10000	22700
2	Between 31 to 35 years	200	500	12000	2000	10000	24700
3	Between 36 to 40 years	200	500	13500	2500	10000	26700
4	Between 41 to 45 years	200	500	18000	3000	10000	31700
5	Between 46 to 50 years	200	500	23500	4500	10000	38700
6	Between 51 to 55 years	200	500	31000	5500	10000	47200
7	Between 56 to 60 years	200	500	40500	6500	10000	57700

### Old Existing IMA KSSS Scheme Fees Structure Effective From 01.04.2016

DD/At Par Cheque should be sent in the name of "IMA KSSS"

Group	Scheme Age in Years	Subscription Fees	Registration Fees	Membership Contribution Fees	Advance Fraternity Contribution	Total Amount
1	Below 30 years	200	500	3000	8000	11700
2	Between 31 to 35 years	200	500	3500	8000	12200
3	Between 36 to 40 years	200	500	4000	8000	12700
4	Between 41 to 45 years	200	500	12000	8000	20700
5	Between 46 to 50 years	200	500	15000	8000	23700
6	Between 51 to 55 years	200	500	20000	8000	28700
7	Between 56 to 60 years	200	500	28000	8000	36700



**INDIAN MEDICAL ASSOCIATION'S  
KARNATAKA PROFESSIONAL PROTECTION SCHEME (R)**

Registered Office: IMA House, AV Road, Chamrajpet, Bangalore-580018.

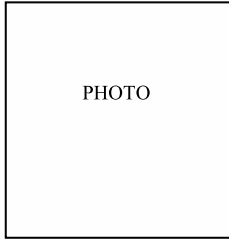
Ph: 080-26705447 - Email: [imakpps@gmail.com](mailto:imakpps@gmail.com) Web: [imakpps.org](http://imakpps.org)

**Documents to be attached:**

1. Duly filled and signed application form.
2. IMA Life membership certificate(Xerox copy).
3. KMC Registration Certificate
4. Address proof-Aadhar /Voter ID.
5. Pan card.
6. Three passport size photos.

**Note:** a) At par Cheque/DD to be drawn in favor of IMA KPPS

b) Duly filled applications to be sent to registered office address mentioned above.



<b>For office Use Only</b>		
IMA-KPPS No:	Receipt No.	Folio No:
Branch:	Date:	
Date of Provisional Admission:		

**APPLICATION FORM- (To be filled in Block letters)**

First Name & Surname : \_\_\_\_\_

Father's / Husbands Name: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Specialty of Practice: \_\_\_\_\_

Clinic / Hospital / Institution Name: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

Date of Birth: 

--	--	--	--	--	--	--	--

 Age: Years 

--

 Months 

--

Sex: Male 

--

 Female 

--

KMC Regn. No: \_\_\_\_\_ Date of Regn: \_\_\_\_\_ PAN No: \_\_\_\_\_

IMA Life Membership No: \_\_\_\_\_ IMA Branch: \_\_\_\_\_

Do you Have Professional Indemnity from any other Company. Yes / No

If yes give details:

Company: \_\_\_\_\_

Indemnity Amount: \_\_\_\_\_

(P.T.O)

CORRESPONDENCE POSTAL ADDRESS	PERMANENT POSTAL ADDRESS
PIN:	PIN:
<b>FOR E-COMMUNICATION</b>	
Phone No:Residence-	Hospital - STD Code-
Mobile No:	
Email :	

I the undersigned hereby apply for the membership of IMA's Professional Protect Scheme.

I have enclosed DD/ Cheque with No. \_\_\_\_\_ drawn on Bank \_\_\_\_\_

Branch \_\_\_\_\_ Dated \_\_\_\_\_ for Rs \_\_\_\_\_

in words \_\_\_\_\_

I do here by declare that the above information is true to the best of my knowledge and belief and that I have not withheld any information what so ever regarding my particulars. My membership from the scheme may be terminated if any information given is found to be incorrect or submission of any false information in the application form for joining the scheme or in subsequent communication. I further state that I am in sound state of mind & I agree to pay the Fraternity Contribution as per the rules of the scheme from time to time. I will abide by the constitution and bye-laws of IMA KPPS and amendments made from time to time in the constitution and bye-laws in future. I accept any decision of the Managing Committee as final. I also accept the legal jurisdiction of the IMA KPPS as Bangalore.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Applicant

Motivated by (IMA / KPPS Member) \_\_\_\_\_

Life member of \_\_\_\_\_ branch do hereby recommend

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

Life member of \_\_\_\_\_ Branch to become the member of IMA'S KPPS.

Seal of Local branch

Signature of Local Branch President / Secretary/IMA'S KPPS MC Member

### IMA KARNATAKA PROFESSIONAL PROTECTION SCHEME

#### SUBSCRIPTION FEE DETAILS

FEE DETAILS FOR THE 1 <sup>ST</sup> YEAR		
1.	Admission Fee	Rs.100/-
2.	Annual Subscription Fee	Rs.2000/-
3.	Advance Fraternity Contribution	Rs.1000/-
	Total	Rs.3100/-
FEE DETAILS FOR SUBSEQUENT YEARS		
1.	Annual Subscription Fee	Rs.500
2.	Demand Fraternity Contribution	Decided and intimated that year



INDIAN MEDICAL ASSOCIATION'S  
**KARNATAKA STATE HEALTH SCHEME**

Head Office : IMA Bhavan, A V Road, Bengaluru.

Working Office: The Secretary, IMA-KSHS, Shushrusha Nursing Home, LG Road, Near Mahaveer Circle,  
Gangavathi-583227. Land Line: 08533-270978 / Cell: 9986700978

Web - [www.imahealthscheme.com](http://www.imahealthscheme.com) / E mail- [imakshs@gmail.com](mailto:imakshs@gmail.com)



For office Use Only		
IMA-KSHS No :	Receipt No.	Folio No:
Branch :	Date:	
Date of Enrollment :		
FOUNDER MEMBER <input type="checkbox"/> ORDINARY MEMBER <input type="checkbox"/> BENEFICIARY MEMBER <input type="checkbox"/>		

Place for PHOTO

**APPLICATION FORM ( To be filled in Block letters )**  
(Each Member/Beneficiary Member should fill up separate Application)

COLOUR CODE

Office use

**A. FOR ORDINARY MEMBER (IMA-KSB LIFE MEMBER)**

First Name & Surname : \_\_\_\_\_

Father's / Husbands Name : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Date of Birth : 

--	--	--	--	--	--	--	--

 Age: Years 

--

 Months: 

--

Sex : Male ☐ Female: ☐

KMC Regn.No : \_\_\_\_\_ PAN No. \_\_\_\_\_

IMA Life Membership No : \_\_\_\_\_ Branch: \_\_\_\_\_

CORRESPONDENCE ADDRESS	PERMANENT POSTAL ADDRESS	
PIN: _____	PIN: _____	
FOR E-COMMUNICATION		
Phone No: Residence - _____	Hospital - _____	STD Code - _____
Mobile No: _____		
Email : _____		

**B. FOR BENEFICIARY MEMBER (Spouse, parents & Children)**  
( To be filled in Block Letters )

First Name & Surname : \_\_\_\_\_

IMA life member's Name : \_\_\_\_\_

IMA Membership No : \_\_\_\_\_

Relationship with IMA Member: \_\_\_\_\_

Date of Birth : 

--	--	--	--	--	--	--	--

 Age: Years: 

--

 Months: 

--

Sex : Male ☐ Female: ☐

(P.T.O)

CORRESPONDENCE ADDRESS	PERMANENT POSTAL ADDRESS
PIN:	PIN:
<b>FOR E-COMMUNICATION</b>	
Phone No: – Residence-	Hospital - STD Code-
Mobile No:	
Email :	

I undersigned hereby apply for the membership of IMA's Karnataka State Health Scheme. I have enclosed

DD/ Cheque No. \_\_\_\_\_ Drawn on Bank \_\_\_\_\_

Branch \_\_\_\_\_ Dated \_\_\_\_\_ for Rs \_\_\_\_\_

in words \_\_\_\_\_

#### AFFIDAVIT

**I do here by declare that the above information is true to the best of my knowledge and belief and that I have not withheld any information what so ever regarding our particulars and membership. I may be terminated if any information given is found to be incorrect or submission of any false information in this application form. I further state that I am in sound state of mind and I shall abide by the rules and regulations of the scheme which may be amended from time to time.**

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Applicant / Beneficiary member

Signature of the IMA-KSB Life Member

Motivated by IMA member \_\_\_\_\_

I Dr. \_\_\_\_\_ IMA Life member do hereby recommend

Dr. \_\_\_\_\_ Life member of \_\_\_\_\_

Branch , to become member of IMA KSHS.

Signature of Local Branch IMA member / Secretary

#### Documents required

- 1.Duly filled and signed application form.
- 2.Age proof certificate Xerox copy.
- 3.IMA Life membership certificate (Xerox copy).
- 4.Two passport size photos.
- 5.At par Cheque/DD payable at Gangavathi, drawn in favour of **"IMA Karnataka State Health Scheme"**.

To be Sent by Post / courier to **The Secretary, IMA-KSHS, Shushrusha Nursing Home, LG Road,**

**Near Mahaveer Circle, Gangavathi-583227. M:9448122978 Email : imakshs@gmail.com**

**NOTE – E-mail ID and mobile numbers are mandatory. Applications will not be considered without them**

#### For Office use only

Date of Application	Verification details from state HQ LIFE member / Beneficiary Member
Application received on:	
Cheque/DD-No:	Date of Encashment: / Rebound
Receipt No	Health Card sent on:
Enrollment No:	Date of Enrollment:

Signature of Secretary IMA KSHS

(P.T.O)

**Carefully fill the page 1&2 and send to the Secretary's office with all the documents and Cheque/DD as per your age fee schedule. Retain the page 3 & 4 for your reference. Rules and regulations are subject to amend as need arises. In case of death of a member claim shall be given to nominee.**

**Eligibility for Regular Membership:-**

A) Life member of IMA-KSB B) Member should be below the age of 85 years at the time of joining. **(Every member has to produce a certificate of age proof- School certificate-TC or SSLC/PUC marks card /Passport /Pan card / Adhar card /LIC Bond etc for verification)**

**C) IMA KSB members have to produce IMA Life member certificate**

**Eligibility for Beneficiary Membership:-**

A) Shall be Spouse / Children / Parents of Life member of IMA KSB.

**The Admission fee details is as follows**

Age in Yrs	Admission Fee. For members / Spouse / Parents /Children (AF)	Annual Membership Subscription (AMS)	Annual Advance Premium Contribution (AAPC)	Total Amount, during Admission At the time of joining(1 <sup>st</sup> Year)	Annual Premium to be paid irrespective of Insurance claim (2 <sup>nd</sup> Year onward) AMS+AAPC
Children below 25yrs	Rs. 1000 .00	Rs 500.00	Rs. 2500.00	Rs.4000.00	Rs. 3000.00
Below age of 35 yrs	Rs. 1000.00	Rs 500.00	Rs. 3500.00	Rs.5000.00	Rs. 4000.00
Below age of 45 Yrs but above 35 Yrs	Rs. 2000.00	Rs 500.00	Rs. 4500.00	Rs.7000.00	Rs. 5000.00
Below age of 55 Yrs but above 45 Yrs	Rs. 3000.00	Rs 500.00	Rs. 5500.00	Rs.9000.00	Rs. 6000.00
Below age of 65 Yrs but above 55 Yrs	Rs. 4000.00	Rs500.00	Rs. 6500.00	Rs.11,000.00	Rs. 7000.00
Below age of 75 Yrs but above 65 Yrs	Rs. 5000.00	Rs 500.00	Rs. 7500.00	Rs.13,000.00	Rs. 8000.00
Below age of 85 Yrs but above 75 Yrs	Rs. 6000.00	Rs 500.00	Rs. 8500.00	Rs.15,000.00	Rs. 9000.00

**Lock in Period**

i) **Founder member** shall have the benefit of the scheme **six months** after joining the scheme or immediately after launching the scheme whichever is longer.

ii) All the **ordinary members** and **beneficiary members below the age of 65** on joining shall have the benefit of the scheme after **12 months** of joining the scheme or immediately after launching the scheme whichever is longer.

iii) All the **ordinary members** and **beneficiary members above the age of 65** on joining shall have the benefit of the scheme **after 24 months** of joining the scheme or after launching the scheme whichever is longer.

**\* NO CASHLESS SERVICE (Members have to pay their bills themselves & Claim later ).It is a reimbursement.**

**\* No advance payment will be made to the members.**

**\* Members will be given reimbursement of 75% of total amount of the bill not exceeding the sum limited to each disease.**

**\* If the benefit is not claimed in an academic year the benefit amount in total or any percentage will not be carried over to the subsequent years.**

**\* A member will get a maximum of benefit of Rs.2 Lakhs in one year.**

***All Members have to submit age proof certificate, IMA life member certificate ( only for IMA members) and two photos( Recent -pass port size) at the time of admission***

(P.T.O)

**Aims and Objectives of the Scheme :-** To provide financial assistance to **A)**The life members of IMA KSB those who enroll as the members of IMA KSHS **B)**His/her spouse, children and parents who enroll as the members of IMA-KSHS separately, **C)**It is a mutual benefit and charitable scheme for the members of IMA –KSB In the event of their **hospitalization and management** of the following diseases:-

**All the major diseases are included, Pre existing diseases are covered.**

Heart Disease: -Angioplasty, By-pass Surgery and Valve replacement Surgery. Renal Failure, Haemodialysis, Renal Transplantation, All Malignant diseases, Brain Tumors, Hip and Knee replacement surgery, Spine and disc surgery, Cerebrovascular accidents, Road Traffic and other accidents, Other major illness requiring hospitalization approved by the scrutinizing committee of IMA-KSHS. Scrutinizing committee & Managing committee have the power to include more diseases as need arises from time to time. The reimbursement amount is fixed for every disease. Accordingly the benefit amount shall be reimbursed. It is subject to change as per the resolution of the managing committee.

**It is mandatory** that members have to submit original papers as well as attested Photo copies ( if the member need originals back) of treatment certificate, Discharge summary, breakup of bills – Professional charges, cost of medicine and investigations etc and any other documents upon which a claim is based **within 60 days** of discharge from hospital Permissible reimbursement will be **reimbursed within 90 days** from the submission of the original bills, papers and other documents upon which the claim is based.

**Member's Disqualification:-**

**A) Termination by Payment default** i) If any member of the scheme fails to pay the Premium Contribution(AAPC) and ( AMS) within 30 days of the demand notice sent by the office, he/she shall be treated as a defaulter. ii) Then he/she shall pay a fine of Rs 200/- to revive his membership. iii) If the default continues beyond the period of 60 days, then a notice by registered post shall be issued. A member who does not pay the dues with prescribed fine by the IMA-KSHS managing committee within 30 days of the receipt of such a notice, the membership shall be terminated forthwith without further intimation. iv) If the above terminated member wishes to rejoin the scheme one has to join the scheme as a new member with fresh lock in period.

**B) Termination due to wrongful information/ Benefit claim)** If a member furnishes any wrongful information in application form or any provisions of this scheme and tries to obtain any wrongful benefit under the scheme, after giving an opportunity of being heard before the managing committee, and if the explanation is not found satisfactory, the managing committee of the IMA-KSHS shall have the right to terminate the membership concerned without any benefit. ii) Such member shall not be eligible for any further enrollment in the IMA-KSHS and all amount paid will be forfeited. **C)** Whenever a member ceases to be a life member of IMA –KSB as per its byelaw he automatically loses all the benefits and membership of the scheme. Such members can be revived only after revival of the IMA-KSB membership and approval by managing committee of IMA-KSHS. However his/her dependent beneficiary members are eligible for the benefit of the scheme provided they have paid necessary dues and premium.

**IMA –KSHS COMMITTEE**

*For Details*

Visit our IMA website [www.imahealthscheme.com/](http://www.imahealthscheme.com/) [imakshs@gmail.com](mailto:imakshs@gmail.com) /IMA KSB office - 080- 6703255

### **Contact details**

**Dr.Chinivalar.V.V.**

Chairman

94481 22978

[drvvc2011@gmail.com](mailto:drvvc2011@gmail.com)

**Dr.Madhusudhana Kariganuru**

Hon. Treasurer

9448237145

[madhusudhanva@gmail.com](mailto:madhusudhanva@gmail.com)

**Dr.Sharanabasava Sankanuru**

Hon.Secretary

9886549911

[sharandr@gmail.com](mailto:sharandr@gmail.com)

**Contact Address :** Secretary's office, Shushrusha Nursing home, LG Road near , Mahaveer circle,  
GANGAVATHI-583227

**INDIAN MEDICAL ASSOCIATION**  
**Model Rules/Bye-laws of I.M.A. Branch**  
(A Local Branch of the Indian Medical Association)

**RULES**

**Definition:**

(Various terms used in these Rules; may be defined)

**Name:**

1. The name of this Association, which is a local Branch of the Indian Medical Association, a Society registered under the Societies Registration Act XXI of 1880), and having its Headquarters at New Delhi shall be “Indian Medical Association Local Branch”, under the jurisdiction of ....State/Territorial Branch of Indian Medical Association.
2. It is formed under the Rules of the Indian Medical Association and shall function as a Local Branch as per constitution of the IMA and the Rules and Bye-laws of the IMA shall apply in any matter and covered by Rules and Bye-laws of this Branch, as contained herein.
3. It shall abide by the decisions and policies of the IMA as laid from time to time.

**Office:**

4. The registered office of the Branch shall be ordinarily located at the place of the Honorary Secretary of the Branch or at such other place as may be approved by the General body.

**Jurisdiction:**

5. The Branch shall have jurisdiction over the area as defined by the Working Committee of IMA.
6. It shall function under the jurisdiction of the ....State/Territorial branch of IMA and shall relate with the aforesaid State/Territorial Branch as laid down by IMA.

*Note: Where there is no State/Territorial Branch, it shall be directly attached to IMA Headquarters and known as Direct Local Branch.*

**Objects:**

7. The objects of the Branch are:
  - (i). To promote and advance medical and allied sciences in all their different branches and to promote the improvement of public health and medical education in India;
  - (ii). To maintain the honour and dignity and uphold the interests of the medical profession and to promote co-operation amongst the members thereof.

(iii). To work for the abolition of compartmentalism in medical education, medical services and registration in the country and thus to achieve equality amongst all members of the profession.

**Methods:**

8. For the attainment and furtherance of these objects, the Branch shall follow the methods as laid down by I.M.A. Headquarters/State or Territorial Branch and shall abide by them and support the policies and activities of I.M.A.

**Association year:**

9. The Association year shall be from 1st April of one year to the 31st March of the following year for financial purposes; and from 28<sup>th</sup> December of one year to 27<sup>th</sup> December of the following year for administrative purposes.

**Composition of the Branch:**

10. The Branch shall consist of members of the IMA who reside and/or practice in the area of jurisdiction of the Branch and whose names are duly approved by Honorary Secretary General of IMA Headquarters of the prescribed form as laid down.

11. The Branch shall maintain a register of all its members, which shall correspond with the register; maintained at the IMA Headquarters and at State/Territorial Branch, IMA.

12. All additions, deletions and transfer of members shall be intimated to IMA Headquarters, through the State/Territorial Branch as laid down in the Rules and Bye-laws of IMA.

13. The Branch on formation shall function as per Constitution and adopt the Model Rules and Bye-laws with any modification/amendment thereof and send the same to IMA Headquarters through State/Territorial Branch for ratification by the Working Committee of IMA. The State/Territorial Branch shall forward its comments if any, to the Headquarters office within 4 weeks from date of receipt. The State/Territorial Branch shall, however, have no powers to approve or modify the same. Till such time, the constitution or amendments of Rules and Bye-laws of the Branch are ratified by the Working Committee of IMA, the Model Rules shall be operative.

## **MEMBERSHIP**

### **Eligibility:**

14. The members of the Branch shall be enrolled as per eligibility clause viz. Rules 12 of IMA Constitution.

### **Enrolment of members:**

15. All prospective and eligible members of the profession shall apply on a prescribed Membership application form to the Honorary Secretary General, IMA Headquarters, who shall approve and accept the membership and intimate the same to all concerned office of IMA. All such application forms shall be accompanied by Headquarters Fund Contribution

(H.F.C.) as laid down from time to time, in such manner as prescribed by Rule 16 of I.M.A. Rules.

## **CLASSIFICATION OF MEMBERS**

### **Intern Members:**

16. All Interns otherwise eligible and as per IMA Rules and Bye-laws having temporary registration with Medical Council of India or various State Medical Councils under the Indian Medical Act, shall enrolled as Intern Members during their period of Internship only.

### **Life Members:**

17. Life Members shall be enrolled in a similar manner on completion of all formalities and on payment of a lump sum in lieu of yearly subscription and remittance of H.F.C. as provided in IMA Rules and Bye-laws from time to time. They shall be on the rolls of the Branch where they reside/practice/are employed.

18. Life Members shall enjoy all rights and privileges of the Local and State/Territorial Branch without any subscription except payment of such charges that may be levied by the branch for any special activity.

### **Associate Members:**

19. Members of another branch can be elected as Associate members of the branch. They shall not fill in another membership form but shall apply to the branch and pay its subscription only but they would not be entitled to vote and/or hold any office in the branch.

### **Attached Members of IMA:**

20. The medical personnel of Armed Force of India who are attached

Members of IMAS Headquarters as per rules of IMA, shall be attached to the Branch where they happen to reside. They shall have all privileges of membership except that of voting and/or holding any office in the Branch. While they will not pay any HFC they shall be required to pay any charges fixed by the branch for day-to-day activity and for any special activity.

**Subscription:**

21. Members on rolls of the Branch shall pay their subscription to the Branch according to scale fixed by the Branch from time to time and such subscription shall include H.F.C. on their behalf such subscription for the full year shall become due on 1st April every year for existing members.

**H.F.C.**

22. The Branch shall pay the H.F.C. as fixed by the IMA Headquarters from time to time through the State/Territorial Branch. The existing rate of HFC effective from 1st April 2019 are as under:

	Single Member	Couple Members
Life Member	Rs. 11,000/-	Rs. 16,500/-

23. The Branch shall also send an up-to-date list of members (Addressograph) on its register of membership as on 31st March on behalf of whom HFC has been remitted in full so as to reach IMA Headquarters through the State/Territorial Branch concerned by the 30th April. All addition and deletion shall also be reported to IMA Headquarter from time to time during the year and lists update upto 31st October and 30th April shall be taken as valid member of the Branch and HFC shall be payable branch on it. In case no corrections are received, the list as on 31st March of last year shall be taken as valid for making payment of HFC.

24. The Branch shall maintain separate lists of members on its register of membership as under:

- (a) Intern Members
- (b) Life Members – Single
- (c) Life Members – Couple
- (d) Associate Members: This will be maintained at Branch level only. No extra HFC will be required to be sent.

While remitting HFC the Branch shall give statement of HFC based on the above categories of Membership.

**Termination of membership:**

25. The Rules and Bye-laws of IMA shall be applicable in all cases of termination of membership.

**Suspension of Membership:**

26. The Rules and Be-laws of the IMA shall be applicable in all cases for suspension of membership.\*\*

**Management:**

27. The Branch shall govern its affairs through an Executive Committee/Management Committee comprising of the following, in such manner as it decides within the frame work of these Rules and Bye-laws.

**Elected Office-Bearers and Members:**

- (a). President
- (b). Vice-President/Vice Presidents
- (c). Honorary Secretary Finance/Treasurer
- (d). Honorary Secretary/Finance/Treasurer
- (e). Committee members-their number shall be fixed by the Branch relating to its strength.

*\*\*Note: It may be noted that membership is that of IMA and it is the Working Committee of the IMA only which is the authority to suspend/terminate membership and privileges of membership as per the Rules and Bye-laws of IMA. The Branch has no such authority and shall submit its recommendation in the manner as provided in the Rules and Bye-laws of IMA.*

**Ex-officio Members:**

- (f) Immediate Past Presidents for 2 years
- (iii) Immediate past Honorary Secretary for one year
- (iii). Members of State Working Committee.

**Co-opted & Invited Members:**

President may co-opt 1 or 2 Members and invite few members.

28. The office Bearers and Members of the Executive Committee shall be elected every year by the General Body of Membership as provided in the election procedure in these Rules and Bye-laws.

**Executive Committee:**

29. The Executive Committee shall act on behalf of the Branch and shall be vested with the power of general management, it shall meet regularly at periodic intervals.

30. It shall appoint Committees and Sub-Committee for various activities and functions and shall express views on behalf of the Branch when asked for by the State/Territorial Branch and/or the IMA Headquarters.

31. It shall oversee the financial management of the Branch and authorize payments and/or disbursement of funds as provided in these Rules and for such other activities as decided by the Branch from time to time.

32. The Executive Committee shall frame Bye-laws, lay down procedures for day to day functioning of the Branch, conduct yearly elections and exercise all other powers as may be conducive to the Branch within the frame work of these Rules and perform any other function specially entrusted to it by the General Body of the members.

#### **Election of Office-bearers and Executive Committee:**

33. Office-Bearers and Members of the Executive Committee shall be elected every year at a General Body Meeting in such manner as provided in these Rules and Bye-laws and as per schedule decided by the Executive Committee, through a process of calling for nominations by a fixed date, scrutiny of nomination and thereafter giving time to valid nominees to withdraw nominations if they like and later fixing a date for election where all members in good standing shall be allowed to vote by secret ballot. the whole process shall be completed by 31st October.

34. The Branch may frame suitable Bye-laws to conduct the election.

#### **Duties of Office-Bearers:**

35. The duties and function of Office-Bearers of the Branch shall be as under:

(g) **President:** He shall preside over all meetings and shall be ex-officio member of all Committees. He shall control and guide the affairs of the Branch and shall interpret these Rules and Bye-laws and his decision in all matters shall be final. He shall have a casting vote in case of equality of voting on any account.

(ii). **Vice President:** The President shall be assisted by the Vice Presidents, who shall act on his behalf in his absence.

(iv) **Honorary Secretary:** He shall be responsible for the day to day administration of the Branch under the guidance of the President and/or of the Executive Committee, he shall issue notices of all meetings and maintain records of all business transacted at meetings of the General Body, Executive Committee and other Committees. He shall keep membership record and all documents of the Branch. He shall carry out all correspondence on behalf of the Branch and comply with the essential requirements in relation to the State/Territorial Branch and/or IMA Headquarters. He shall act as Returning Officer for the Branch elections. He shall pass all expenditures and bills and operate Bank Account along with one Joint Secretary and Treasurer.

(iv) **Honorary Joint Secretary:** He shall assist the Honorary Secretary in duties allotted on him by the Honorary Secretary/Branch Executive Committee.

(v) **Honorary Treasurer:** He shall maintain the accounts of the Branch, operate bank account jointly with the Honorary Secretary and in the absence of Honorary Secretary, the Joint Secretary, invest or disburse funds as approved by the Executive Committee through the Honorary Secretary as budget allotments and help raise finances for the Branch including collection of subscription etc. He shall prepare quarterly/half yearly statement of accounts, get them audited as per decision of the Executive Committee.

### **Meetings of the Branch:**

36. The following meetings shall be held:

(i) **Annual General Meeting:** The Annual General Meeting of Members of the Branch shall be held every year before 31st December, to receive Annual Report, Annual Accounts, approve next year's budget, elect representatives of the Branch to various IMA bodies viz. Central Council, State Council and other bodies and to consider constitutional amendments and any resolutions moved by the Executive Committee or Members provided such resolutions have been submitted at least four weeks in advance of the meeting.

(ii) **General Body Meeting:** As per requirements, the Honorary Secretary shall call General Body Meeting for specific purpose like holding election of Branch Office-bearers and Executive Committee in consultation with President or as decided by Executive Committee. Such meeting shall be also called to elect office-bearers of Headquarters and/or the State/Territorial Branch as per Rule of IMA and State/Territorial Branch respectively.

(iii). **Extra-ordinary General Meeting:** It shall be called by Honorary Secretary in consultation with the President and/or as decided by the Executive Committee to consider specific agenda. No other item shall be considered in this meeting.

(iv). **Requisition Meeting:** It shall be called by the Honorary Secretary in consultation with the President/Executive Committee on requisition from such specified number of members as decided by the branch and laid down in these Rules, within a fortnight of the receipt of requisition to consider the specific item of agenda as demanded by the requisitionists. No other matter will be transacted at this meeting.

(v). **Scientific/Academic and Social Meetings:** These meetings may be called by the Honorary Secretary as expedient.

37. The Executive Committee shall fix the venue to the meetings and prescribe the quorum for respective meetings.

#### **Bye-Laws:**

38. All Bye-laws operative to the Rules shall be framed by the Executive Committee and shall be in operation thereafter till alterations are effected.

#### **Rules:**

39. Amendments to these Rules shall be made at the Annual General Meeting of the Branch provided a due notice of the same is given by the members of Executive Committee. Such amendments as approved shall come into force only after being ratified by the Working Committee of IMA.

#### **IMA College of General Practitioners:**

40. Members of the Branch shall be eligible to become Members of the IMACGP. On becoming the members of the College, they shall be on the rolls of the College in the list maintained at the Headquarters of the college and also at the State Faculty and at Sub-Faculty if such Faculty/Sub-Faculty exist in the area of their jurisdiction.

41. The Rules/Bye-laws of the College shall be subscribed by each member.

#### **IMA Academy of Medical Specialties:**

42. Members of the Branch may become members of the IMA AMS provided they are eligible as per Rules and Bye-laws of the Academy. Those who become members of the Academy, shall be on the roll of the Headquarters of the Academy and also on the roll of the State Chapter and Local Branch Chapter if they exist.

### **Privilege of Membership:**

43. On being enrolled and membership being approved by IMA Headquarters, the member shall be entitled to all privileges of membership of the Association as provided in the Rules of IMA and also to those of the Local Branch, for the period for which he has paid subscription and of the State/Territorial Branch through which HFC on his behalf has been remitted to IMA Headquarters. These privileges shall include-

(i). Receiving a copy of the Journal of the Association and other publication of the Association either free or at such rates as fixed by the Association from time to time.

(ii). Attending and taking part in discussion at all general and clinical meetings organized by the IMA Headquarters or its Local/State/Territorial Branch, of which he is a member.

(iii). Attending the Medical Conference organized by IMA Headquarters or State/Territorial Branch; and

(iv) Enjoying such other privileges that may hereafter be conferred by the Association under specified conditions e.g. joining IMA Study Tours, IMA Benevolent Fund or other Membership Services/Benefits Schemes etc.

### **BYE-LAWS**

Bye-Laws for operation of provisions of these Rules shall be framed by the Executive Committee and shall be as under:

1. ....
2. ....
3. ....

### **Appendix**

Note: Part of obligatory requirements by Branches in matter of sending membership lists, HFC representatives etc are compiled as the Secretaries Manual and be referred to.

## ಕರ್ನಾಟಕ ರಾಜ್ಯಪತ್ರ ಅಧಿಕೃತವಾಗಿ ಪ್ರಕಟಿಸಲಾದುದು ವಿಶೇಷ ಪತ್ರಿಕೆ

ಸಂಸದೀಯ ವ್ಯವಹಾರಗಳು ಮತ್ತು ಶಾಸನ ರಚನೆ ಸಚಿವಾಲಯ ಅಧಿಸೂಚನೆ

ಸಂಖ್ಯೆ : ಸಂವ್ಯಕ್ತಾಇ 21 ಶಾಸನ 2008, ಬೆಂಗಳೂರು ದಿನಾಂಕ : 2ನೇ ಮಾರ್ಚ್, 2009.

ಕರ್ನಾಟಕ ವೈದ್ಯೋಪಚಾರ ಸಿಬ್ಬಂದಿಯ ಮೇಲೆ ಹಿಂಸಾಚಾರವನ್ನು ಮತ್ತು ವೈದ್ಯೋಪಚಾರ ಸಂಸ್ಥೆಗಳ ಆಸ್ತಿಗೆ ಹಾನಿ ಮಾಡುವುದನ್ನು ನಿಷೇಧಿಸುವ ವಿಧೇಯಕ, 2009ಕ್ಕೆ, 2009 ರ ಫೆಬ್ರವರಿ ಮಾಹೆಯ ಇಪ್ಪತ್ತಾರನೇ ದಿನಾಂಕದಂದು ರಾಜ್ಯಪಾಲರ ಒಪ್ಪಿಗೆ ದೊರೆತಿದ್ದು, ಸಾಮಾನ್ಯ ತಿಳುವಳಿಕೆಗಾಗಿ ಇದನ್ನು 2009ರ ಕರ್ನಾಟಕ ಅಧಿನಿಯಮ ಸಂಖ್ಯೆ : 1 ಎಂಬುದಾಗಿ ಕರ್ನಾಟಕ ರಾಜ್ಯ ಪತ್ರದಲ್ಲಿ ಪ್ರಕಟಿಸಬೇಕೆಂದು ಆದೇಶಿಸಲಾಗಿದೆ.

2009 ಕರ್ನಾಟಕ ಅಧಿನಿಯಮ ಸಂಖ್ಯೆ : 1

(2009 ಮಾರ್ಚ್ ಎರಡನೇ ದಿನಾಂಕದಂದು ಕರ್ನಾಟಕ ರಾಜ್ಯ ಪತ್ರದ ವಿಶೇಷ ಸಂಚಿಕೆಯಲ್ಲಿ ಮೊದಲು ಪ್ರಕಟವಾಗಿದೆ)

ಕರ್ನಾಟಕ ವೈದ್ಯೋಪಚಾರ ಸಿಬ್ಬಂದಿಯ ಮೇಲೆ ಹಿಂಸಾಚಾರವನ್ನು ಮತ್ತು ವೈದ್ಯೋಪಚಾರ ಸಂಸ್ಥೆಗಳ ಆಸ್ತಿಗೆ ಹಾನಿ ಮಾಡುವುದನ್ನು ನಿಷೇಧಿಸುವ ಅಧಿನಿಯಮ, 2009 (2009 ಫೆಬ್ರವರಿ ಇಪ್ಪತ್ತಾರನೇ ದಿನಾಂಕದಂದು ರಾಜ್ಯಪಾಲರ ಅನುಮೋದನೆಯನ್ನು ಪಡೆಯಲಾಗಿದೆ)

ವೈದ್ಯೋಪಚಾರ ಸಿಬ್ಬಂದಿಯ ಮೇಲಿನ ಹಿಂಸಾಚಾರವನ್ನು ಮತ್ತು ವೈದ್ಯೋಪಚಾರ ಸಂಸ್ಥೆಗಳ ಆಸ್ತಿಗೆ ಹಾನಿ ಮಾಡುವುದನ್ನು ನಿಷೇಧಿಸುವ ಮತ್ತು ಅದಕ್ಕೆ ಸಂಬಂಧಿಸಿದ ಮತ್ತು ಅದಕ್ಕೆ ಪ್ರಾಸಂಗಿಕವಾದ ವಿಷಯಗಳಿಗೆ ಉಪಬಂಧ ಕಲ್ಪಿಸುವ ಒಂದು ಅಧಿನಿಯಮ.

ವೈದ್ಯೋಪಚಾರ ಸಿಬ್ಬಂದಿಯ ಮೇಲೆ ಹಿಂಸಾಚಾರವನ್ನು ಮತ್ತು ವೈದ್ಯೋಪಚಾರ ಸಂಸ್ಥೆಗಳ ಆಸ್ತಿಗೆ ಹಾನಿ ಮಾಡುವುದನ್ನು ನಿಷೇಧಿಸುವುದು ಮತ್ತು ಅದಕ್ಕೆ ಸಂಬಂಧಿಸಿದ ಮತ್ತು ಅದಕ್ಕೆ ಪ್ರಾಸಂಗಿಕವಾದ ವಿಷಯಗಳಿಗೆ ಉಪಬಂಧ ಕಲ್ಪಿಸುವುದು ಯುಕ್ತವಾಗಿರುವುದರಿಂದ.

ಇದು ಭಾರತ ಗಣರಾಜ್ಯದ ಐವತ್ತೊಂಬತ್ತನೇ ವರ್ಷದಲ್ಲಿ ಕರ್ನಾಟಕ ರಾಜ್ಯ ವಿಧಾನ ಮಂಡಲದಿಂದ ಈ ಮುಂದಿನಂತೆ ಅಧಿನಿಯಮಿತವಾಗಲಿ, ಎಂದರೆ :

1. ಸಂಕ್ಷಿಪ್ತ ಹೆಸರು ಮತ್ತು ಪ್ರಾರಂಭ : (1) ಈ ಅಧಿನಿಯಮವನ್ನು ಕರ್ನಾಟಕ ವೈದ್ಯೋಪಚಾರ ಸಿಬ್ಬಂದಿಯ ಮೇಲೆ ಹಿಂಸಾಚಾರವನ್ನು ಮತ್ತು ವೈದ್ಯೋಪಚಾರ ಸಂಸ್ಥೆಗಳ ಆಸ್ತಿಗೆ ಹಾನಿ ಮಾಡುವುದನ್ನು ನಿಷೇಧಿಸುವ ಅಧಿನಿಯಮ, 2009 ಎಂದು ಕರೆಯತಕ್ಕದ್ದು.

(2) ಇದು ಈ ಕೂಡಲೇ ಜಾರಿಗೆ ಬರತಕ್ಕದ್ದು.

2. ಪರಿಭಾಷೆಗಳು : ಈ ಅಧಿನಿಯಮದಲ್ಲಿ ಸಂದರ್ಭಕ್ಕೆ ಬೇರೆ ಅರ್ಥದ ಅಗತ್ಯವಿದ್ದು ಹೊರತು :

(ಎ) ವೈದ್ಯೋಪಚಾರ ಸಂಸ್ಥೆಗಳು ಎಂದರೆ ರಾಜ್ಯ ಸರ್ಕಾರ ಅಥವಾ ಕೇಂದ್ರ ಸರ್ಕಾರ ಅಥವಾ ಸ್ಥಳೀಯ ಸಂಸ್ಥೆಗಳು ಮುಂತಾದವುಗಳ ನಿಯಂತ್ರಣದಲ್ಲಿರುವ ಜನರಿಗೆ ವೈದ್ಯೋಪಚಾರ ಸೇವೆ ಒದಗಿಸುತ್ತಿರುವ ಎಲ್ಲಾ ಸಂಸ್ಥೆಗಳು ಮತ್ತು ಇದರಲ್ಲಿ ರೋಗಿಗಳ ಚಿಕಿತ್ಸೆಗೆ ಸಂಬಂಧಿಸಿದವು ಮತ್ತು ಅವರನ್ನು ಬರಮಾಡಿಕೊಳ್ಳುವುದಕ್ಕೆ ಅಥವಾ ಅವರ ವಾಸ್ತವ್ಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದವು ಯಾವುದೇ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆ ಹರಿಗಾಗಿ ಮತ್ತು ಹರಿಗ ಸಂದರ್ಭದಲ್ಲಿ ಗರ್ಭಿಣಿ ಹಾಗೂ ಬಾಣಂತನದ ಅರೈಕೆಗಾಗಿ ಅಥವಾ ಅದಕ್ಕೆ ಸಂಬಂಧಿಸಿದ ಇತರ ಯಾವುದೇ ಕಾರಣಕ್ಕಾಗಿ ಮಹಿಳೆಯರನ್ನು ವಾಡಿಕೆಯಾಗಿ ಬರಮಾಡಿಕೊಳ್ಳುವ, ಮತ್ತು ದಾಖಲಿಸಿಕೊಳ್ಳುವ ಯಾವುದೇ ಖಾಸಗಿ ಪ್ರಸೂತಿ ಗೃಹ, ಮತ್ತು ದೇಹದ ಅಥವಾ ಮನಸ್ಸಿನ ಯಾವುದೇ ಖಾಯಿಲೆ, ಗಾಯ ಅಥವಾ ದುರ್ಬಲತೆಯಿಂದ ಬಳಲುತ್ತಿರುವ ವ್ಯಕ್ತಿಗಳ ಉಪಚಾರ ಮತ್ತು ವಾಸ್ತವ್ಯಕ್ಕೆ ಬಳಸುವ ಅಥವಾ ಹಾಗೆ ಬಳಸುವ ಉದ್ದೇಶವುಳ್ಳ ಮತ್ತು ಚಿಕಿತ್ಸೆ ಅಥವಾ ಶುಶ್ರೂಷೆ ಒದಗಿಸುವ ಅಥವಾ ಅವರಡನ್ನೂ ಒದಗಿಸುವ ಯಾವುದೇ ಖಾಸಗಿ ನರ್ಸಿಂಗ್ ಹೋಮ್ ಒಳಗೊಳ್ಳುತ್ತದೆ ಮತ್ತು ಇದು ಪ್ರಸೂತಿ ಗೃಹ ಅಥವಾ ಆರೋಗ್ಯಧಾಮ ಮುಂತಾದವುಗಳನ್ನೂ ಒಳಗೊಳ್ಳುತ್ತದೆ.

(ಬಿ) ವೈದ್ಯೋಪಚಾರ ಸಂಸ್ಥೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ವೈದ್ಯೋಪಚಾರ ಸಿಬ್ಬಂದಿ ಎಂಬುದರಲ್ಲಿ

- ವೈದ್ಯೋಪಚಾರ ಸಂಸ್ಥೆಗಳಲ್ಲಿ (ತಾತ್ಕಾಲಿಕ ನೋಂದಣಿಯನ್ನು ಹೊಂದಿರುವವರೂ ಸೇರಿದಂತೆ) ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ ನೋಂದಾಯಿತ ವೈದ್ಯರು
- ನೋಂದಾಯಿತ ಶುಶ್ರೂಷಕಿಯರು
- ವೈದ್ಯ ವಿದ್ಯಾರ್ಥಿಗಳು
- ನರ್ಸಿಂಗ್ ವಿದ್ಯಾರ್ಥಿಗಳು
- ವೈದ್ಯೋಪಚಾರ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ನೇಮಿಸಲ್ಪಟ್ಟ ಮತ್ತು ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ ಅರೆ ವೈದ್ಯಕೀಯ ಕಾರ್ಯಕರ್ತರು

(ಸಿ) ಅಪರಾಧ ಎಂದರೆ ಯಾವುದೇ ವ್ಯಕ್ತಿಯು ತಾನೊಬ್ಬನೇ ಅಥವಾ ವ್ಯಕ್ತಿಗಳ ಗುಂಪಿನ ಅಥವಾ ಸಂಘದ ಒಬ್ಬ ಸದಸ್ಯನಾಗಿ ಅಥವಾ ನಾಯಕನಾಗಿ ಈ ಅಧಿನಿಯಮದಡಿಯಲ್ಲಿ ಹಿಂಸಾಚಾರವನ್ನು ಮಾಡುವ ಅಥವಾ ಮಾಡುವುದಕ್ಕೆ ಪ್ರಯತ್ನಿಸುವ ಅಥವಾ ಮಾಡುವುದಕ್ಕೆ ದುಷ್ಕರ್ಮಿಸುವ ಅಥವಾ ಪ್ರಚೋದಿಸುವ ಯಾವುದೇ ವ್ಯಕ್ತಿ.

(ಡಿ) ಹಿಂಸೆ ಎಂದು ವೈದ್ಯೋಪಚಾರ ಸಂಸ್ಥೆಯಲ್ಲಿ ಕಾರ್ಯವನ್ನು ನಿರ್ವಹಿಸುತ್ತಿರುವಾಗ ಯಾವುದೇ ವೈದ್ಯೋಪಚಾರ ಸಿಬ್ಬಂದಿಗೆ ಯಾವುದೇ ಕೆಡಕು ಅಥವಾ ಗಾಯವುಂಟು ಮಾಡುವ, ಪ್ರಾಣಾಪಾಯ ಉಂಟು ಮಾಡುವ ಅಥವಾ ಬೆದರಿಕೆ ಒಡ್ಡುವ ಅಥವಾ ಉಂಟು ಮಾಡುವ ಅಥವಾ ಆಂತರಿಕವುಂಟು ಮಾಡುವ ಅಥವಾ ವೈದ್ಯೋಪಚಾರ ಸಂಸ್ಥೆಯಲ್ಲಿನ ಆಸ್ತಿಗೆ ಹಾನಿವುಂಟು ಮಾಡುವ ಯಾವುದೇ ಚಟುವಟಿಕೆಗಳು.

3. ಹಿಂಸೆಯ ನಿಷೇಧ - ವೈದ್ಯೋಪಚಾರ ಸಿಬ್ಬಂದಿಯ ಮೇಲೆ ಯಾವುದೇ ಹಿಂಸಾಚಾರ ಮಾಡುವುದನ್ನು ಅಥವಾ ವೈದ್ಯೋಪಚಾರ ಸಂಸ್ಥೆಯಲ್ಲಿನ ಆಸ್ತಿಗೆ ಹಾನಿ ಉಂಟು ಮಾಡುವುದನ್ನು ನಿಷೇಧಿಸಲಾಗಿದೆ.

4. ದಂಡ - 3ನೇ ಪ್ರಕರಣವನ್ನು ಉಲ್ಲಂಘಿಸುವ ಯಾವುದೇ ಕೃತ್ಯವನ್ನು ಮಾಡುವ ಯಾವುದೇ ವ್ಯಕ್ತಿಯು ಮೂರು ವರ್ಷಗಳ ಅವಧಿಯ ಕಾರಾವಾಸದಿಂದ ಮತ್ತು ಐವತ್ತು ಸಾವಿರ ರೂಪಾಯಿಗಳವರೆಗೆ ವಿಸ್ತರಿಸಬಹುದಾದ ಜುಲ್ಮಾನೆಯಿಂದ ದಂಡಿತನಾಗತಕ್ಕದ್ದು.

5. ಅಪರಾಧದ ಸಂಜ್ಞಾನ - 3ನೇ ಪ್ರಕರಣವನ್ನು ಉಲ್ಲಂಘಿಸಿ ಮಾಡಲಾದ ಯಾವುದೇ ಅಪರಾಧವು ಸಂಜ್ಞೆಯ ಮತ್ತು ಚಾಪೀನೀಯವಲ್ಲದ್ದಾಗಿರತಕ್ಕದ್ದು.

6. ಆಸ್ತಿಗೆ ಉಂಟಾದ ಹಾನಿಯ ನಷ್ಟದ ವಸೂಲಿ - (1) ಅಪರಾಧಿಯ 4ನೇ ಪ್ರಕರಣದಲ್ಲಿ ನಿರ್ದಿಷ್ಟಪಡಿಸಿದ ದಂಡನೆಗೆ ಗುರಿಯಾಗುವುದರ ಜೊತೆಗೆ ಅಪರಾಧದ ಅಧಿವಾರಣೆ ಮಾಡುತ್ತಿರುವ ನ್ಯಾಯಾಲಯವು ನಿರ್ಧರಿಸಿದಂತೆ ಆಸ್ತಿಗೆ ಉಂಟಾದ ನಷ್ಟದ ಮತ್ತು ಹಾನಿಗೊಳಗಾದ ವೈದ್ಯಕೀಯ ಸಲಕರಣೆಯ ಖರೀದಿ ಬೆಲೆಯ ಎರಡರಷ್ಟು ಮೊತ್ತದ ದಂಡವನ್ನು ಸಂದಾಯ ಮಾಡಲು ಹೊಣೆಗಾರನಾಗತಕ್ಕದ್ದು.

(2) ಅಪರಾಧಿಯು (1)ನೇ ಉಪಪ್ರಕರಣದ ಅಡಿಯಲ್ಲಿ ದಂಡದ ಮೊತ್ತವನ್ನು ಸಂದಾಯ ಮಾಡದಿದ್ದಲ್ಲಿ, ಸದರಿ ಮೊತ್ತವನ್ನು, ಕರ್ನಾಟಕ ಭೂ ಕಂದಾಯ ಅಧಿನಿಯಮ 1964ರ (1964ರ ಕರ್ನಾಟಕ ಅಧಿನಿಯಮ 12) ಉಪಬಂಧಗಳ ಅಡಿಯಲ್ಲಿ ಭೂ ಕಂದಾಯದ ಬಾಕಿಯಂತೆ ವಸೂಲಿ ಮಾಡತಕ್ಕದ್ದು.

7. ಈ ಅಧಿನಿಯಮದ ಉಪಬಂಧಗಳು ಇತರ ಕಾನೂನುಗಳಿಗೆ ಹೆಚ್ಚುವರಿಯಾಗಿರತಕ್ಕದ್ದು. ಈ ಅಧಿನಿಯಮದ ಉಪಬಂಧಗಳು, ಪ್ರಸ್ತುತ ಜಾರಿಯಲ್ಲಿರುವ ಯಾವುದೇ ಇತರ ಕಾನೂನಿನ ಉಪಬಂಧಗಳಿಗೆ ಹೆಚ್ಚುವರಿಯಾಗಿರತಕ್ಕದ್ದೇ ಹೊರತು ಅವನ್ನು ನ್ಯೂನತೆಗೊಳಿಸತಕ್ಕದ್ದಲ್ಲ.

ಕರ್ನಾಟಕ ರಾಜ್ಯಪಾಲರ ಆದೇಶಾನುಸಾರ ಮತ್ತು ಅವರ ಹೆಸರಿನಲ್ಲಿ

ಜಿ.ಕೆ. ಬೋರೇಗೌಡ, ಸರ್ಕಾರದ ಕಾರ್ಯದರ್ಶಿ

ಸಂಸದೀಯ ವ್ಯವಹಾರಗಳು ಮತ್ತು ಶಾಸನ ರಚನೆ ಇಲಾಖೆ



# **Indian Medical Association Karnataka State Branch**

**IMA House, Near IMA Circle, A.V.Road, Bangalore - 18**  
**Telefax: 080-26703255, E-mail: imaksbpresident@gmail.com**

