



I.M.A. College of General Practitioners

Head Quarters



IMA TN State HQs Building, Doctors Colony, 2nd Cross Street Bharathidasan Nagar Extn,
Off: Mudichur Road, Tambaram (West), Chennai -600 045, Mob: 98844 54289 / 97890 14450

APPLICATION FORM FOR LIFE MEMBERSHIP

(The information will be treated as confidential)

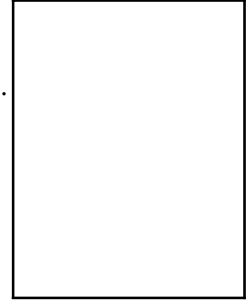
PLEASE WRITE CLEARLY

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-**MBBS/MD/MS** & Diplomas)

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

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

6. Registration with.....Medical Council Reg 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 HQs ,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 **CHEQUE / DD / NEFT / IMPS/ UPI /**

No.....Date..... Bank.....

Allotted Membership No.....

Life Membership Certificate dispatched on **Life Membership Fee Rs. 1180/ (Incl GST)**

(DD/Cheque in the Name of "IMA CGP HQRS" payable Chennai)

**HON. SECRETARY
IMA CGP HEADQUARTERS**