



# 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)

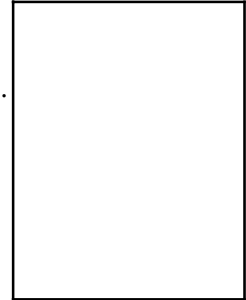
**PLEASE WRITE CLEARLY**

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-**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/  
HON. FACULTY SECRETARY, IMA CGP**

**FOR OFFICE USE ONLY**

**HEADQUARTERS IMA CGP**

Received on.....Form and Fee Rs..... By Cash/ Cheque / DD / Neft / IMPS/ UPI /

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

Allotted Membership No.....

Life Membership Certificate dispatched on ..... **Life Membership Fee for GP's Rs. 250/- (Other Specialists Rs: 1000 /-)**

(DD in the name of "IMA CGP HQRS" payable Chennai)

**HON. SECRETARY  
IMA CGP HEADQUARTERS**