

E-mail:-

INDIAN MEDICAL ASSOCIATION HOSPITAL BOARD OF INDIA



www.imahbi.in; Contact: hbihqima@gmail.com, 8888129007

Secretariat: - Dr.Dinesh B. Thakare, B/H Irwin Hospital, Khaparde Bagicha, Amravati - 444 602, Maharashtra. IMA HQs. Address: - IMA House, Indraprastha Marg, New Delhi - 110 002

LIFE AFFILIATION APPLICATION FORM

Details Of Applicant Clin	ical Establishment		Please paste			
To,			a passport			
Hon. Secretary,		size photo of Applicant				
IMA Hospital Board of India HQs.						
Dear Sir, I, the undersigned, hereby apply o HBI.	on behalf of the following o	clinical establishment to be	affiliated to IMA			
Name Of Clinical Establishment	t :					
Registration No. under State Nurs	sing Home Registration Ac	ot :				
Address:						
		Pin Cod	e			
Mob:-1)	_2)	Land Line:				
E-mail:						
No. Of Beds (Plz tick mark) :- 1) 0 -	25, 2) 26 – 50, 3) 51 – 10	00, 4) 101 - 200, 5) > 200 B	eds			
Total Number of Modern Medicine Doctors In The Clinical Establishment :						
(Please attach details of all doctors in the clinical establishment on its letterhead : Names/Qualification/Registration. No./Contact details)						
Name Of Applicant IMA Member	r:					
IMA Life Membership No.:						
State Medical Council Registration						
(Please attach Photocopy of Registration	Certificate)					
State Medical Council Registered	Qualification:					
Designation At The Clinical Establ	lishment (Plz tick mark) :- C	Owner / Medical Director / P	artner			
Mob:-1)	D:-1)Land Line:					

DECLARATION

I, the undersigned, on behalf of the above clinical establishment, hereby, declare that all information provided by me is true and I & the clinical establishment shall abide by all the rules & bylaws of IMA Hospital Board of India.

Seal of Clinical Establishment			Sign Of Applicant IMA Member Date of application :-		
Affiliation Fee (······································	• ADD the GST amount (a	s applicable as per Govt. rule)	in the 'Total Fee'.	
No. Of Beds	HBI HQs. Share	State Chapter Share	Local Subchapter Share	Total Fee	
0 - 25	Rs.2500	Rs.1500	Rs.1000	Rs.5000	
26 - 50	Rs.3750	Rs.2250	Rs.1500	Rs.7500	
51 - 100	Rs.5000	Rs.3000	Rs.2000	Rs.10000	
101 - 200	Rs.7500	Rs.4500	Rs.3000	Rs.15000	
>200 Beds	Rs.17500	Rs.10500	Rs.7000	Rs.35000	
branch only. 3)Ple Membership Certi Doctors. 4)In case should pay throug subchapter and 5 ======= Local Subchapte (He shall carefully s No.,keep the docum	ease attach true copies ficates of Doctors Wh the the local branch HBI th the local IMA branch to hospitals to form a s for Serial No. for Serial No. for truinize all above documents & true copy of this	s of i) Regi. Certificate Un o Are IMA Members & iii) subchapter or state chap h and state IMA branch. A state chapter is necessary. MA Local Branch/Subchapte Verified By:- Dr. (ments, then put a sign & sea application & send original a	der State Nursing Home Act, ii State Medical Council Regi. Ceter does not exist, the clinical e Iffiliation of minimum 15 hospital. 5)Please attach an additional of Office Use Only ====================================) IMA Life ertificates of All stablishment als to form a local sheet, if necessary. ====================================	
HBI State Chapt	er Serial No	Verified By:- Dr. No., keep a true copy of this	e Use Only ====================================	Chapter) ation to HBI HQs.)	
Seal of State Ch	apter / Branch	Signature:		_	
			e Only =========		
		Verified By:- Dr.	(Hon. Secretary Of IMA HBI HQs.)		
Seal of HBI HQs	S.	Signature:	Signature:		