



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 Clinical Establishment

*Please paste
a passport
size photo of
Applicant
IMA Member*

To,
Hon. Secretary,
IMA Hospital Board of India HQs.

Dear Sir,
I, the undersigned, hereby apply on behalf of the following clinical establishment to be affiliated to IMA HBI.

Name Of Clinical Establishment :- _____

Registration No. under State Nursing Home Registration Act :- _____

Address:- _____

_____ Pin Code _____

Mob:-1) _____ 2) _____ Land Line:- _____

E-mail:- _____

No. Of Beds (Plz tick mark) :- **1)** 0 - 25, **2)** 26 – 50, **3)** 51 – 100, **4)** 101 - 200, **5)** > 200 Beds

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:- _____

IMA Life Membership No.:- _____

State Medical Council Registration Number :- _____

(Please attach Photocopy of Registration Certificate)

State Medical Council Registered Qualification:- _____

Designation At The Clinical Establishment (Plz tick mark) :- Owner / Medical Director / Partner

Mob:-1) _____ 2) _____ Land Line:- _____

E-mail:- _____

(Please Turn Over)

