



I.M.A. College of General Practitioners Head Quarters

IMA TN State Hqrs Building, Doctors Colony, Via Bharathi Nagar 1st Main Road,
Off: Mudichur Road, Tambaram, Chennai -600 045, M: 94883 49178 /98406 30546



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.....

**HONY. SECRETARY LOCAL BRANCH/
HONY. 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.....

**HONY. STATE SECRETARY/
HONY. FACULTY SECRETARY, IMA CGP**

FOR OFFICE USE ONLY

HEADQUARTERS IMA CGP

Received on.....Form and Fee Rs.....by Cash/Draft No.....dt.....

Bank.....

Allotted Membership No.....

Life Membership Certificate dispatched on

Life Membership Fee Rs. 1000/- (DD in the name of "IMA CGP HQRS" at Chennai) **HONY. SECRETARY**

IMA CGP HEADQUARTERS