



# I.M.A.College of General Practitioners

IMA CGP HQ, IMA BUILDINGS, Doctors Colony, Via.Bharathi Nagar,  
First Main Road, Off.Mudichur Road, Tambaram West, Chennai-600045  
Web Site: imacgpindia.org, Email:imacgp.chennai@yahoo.com  
Tel: 044-29000324, 044-29000325

## Application Form for Life Membership

(The information will be treated as Confidential)  
(PLEASE WRITE CLEARLY)

NAME : (in block letters) DR.....  
S/O, W/O.....

Photo

CORRESPONDENCE ADDRESS: (in block letters)

RESIDENTIAL ADDRESS

Telephone: STD CODE..... Residence: ..... Office: ..... Mobile: .....  
Email .....

DATE OF BIRTH:

SEX: MALE/FEMALE

QUALIFICATION (Degrees & Diplomas):

| S.No | Degree/Diploma | University | Year of Pass | Council of Registration | Registration Number |
|------|----------------|------------|--------------|-------------------------|---------------------|
| 1.   |                |            |              |                         |                     |
| 2.   |                |            |              |                         |                     |
| 3.   |                |            |              |                         |                     |

Member of IMA through.....Branch.....State Branch  
IMA Life Membership Number (Mandatory).....

**STATUS:** General Practice/specialist/Govt.Service/ Teaching service

I hereby given an undertaking that I shall abide by the rules and regulation of IMACGP and uphold and promote the college to the best of my ability.

Place:.....

Date:.....

SIGNATURE OF THE APPLICANT

**FOR OFFICE USE ONLY**

**SUB-FACULTY IMACGP**

Forwarded to IMACGP State Faculty  
Membership fee remitted

Membership approved- YES/NO

Date.....

HONY.ASST.SECRETARY  
SUB-FACULTY, IMACGP

**FOR OFFICE USE ONLY**

**STATE FACULTY IMACGP**

Forwarded to IMACGP Headquarters, Chennai  
Membership fee remitted

Membership approved- YES/NO

Date.....

HONY.STATE FACULTY SECRETARY  
STATE FACULTY, IMACGP

**FOR OFFICE USE ONLY**

**HEADQUARTERS IMACGP**

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

On..... Bank.....

Allotted Membership No.....

Life Membership Certificate Despatched on.....

Enclosure: 1. IMA L.M. & MCI Registration Certificate

2. DD for Rs.2000/- in favour of IMA CGP payable at Chennai

3. Recent Pass port Size Photo

HONY.SECRETARY  
IMACGP, HEADQUARTERS

Registration No:

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### APPLICATION FORM FOR REGISTRATION TO FCGP

#### EXAMINATION

Surname with initials: Dr. \_\_\_\_\_

(Block letters)

Father's/Husband's Name: \_\_\_\_\_

Sex (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please paste  
passport size  
recent photograph  
here

Tel No: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Particulars of Medical Qualifications

| Qualification | University | Year of Passing |
|---------------|------------|-----------------|
|               |            |                 |
|               |            |                 |
|               |            |                 |

I.M.A. Life Membership Number: \_\_\_\_\_

I.M.A.C.G.P. Life Membership Number: \_\_\_\_\_

Date and Registration number with M.C.I.: \_\_\_\_\_

#### Academic Career

Internship from \_\_\_\_\_ to \_\_\_\_\_

House Job from \_\_\_\_\_ to \_\_\_\_\_

Service \_\_\_\_\_

Practice \_\_\_\_\_

Others \_\_\_\_\_

### EXAMINATION CENTRE PREFERRED

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I do hereby certify that particulars furnished by me in this application are true and correct to the best my knowledge and belief. In the event of application for registration being accepted I shall abide by all the regulations governing the examination of the IMACGP.

I agree to appear in any of the centers in order of preference or any other centre allotted. I note that if I do not appear in the examination for which I am registered. I shall have to inform in time as per rules to enable me to get a credit of 50% of the examination fee Rs.1000/-only for adjusting towards registration for subsequent examination, failing which, I shall forfeit the entire amount of Rs.1000/-.

I AFFIRM THAT THE DECISION OF THE IMA CGP (HQRS) IN THE MATTER OF CONDUCT OF THE EXAMINATION SHALL BE FINAL AND BINDING ON ME. I NOTE THAT NO CORRESPONDENCE SHALL BE ENTERTAINED BY THE IMA CGP OFFICE IN THIS MATTER.

Date \_\_\_\_\_

Signature of the Applicant

|                                     |  |
|-------------------------------------|--|
| <p>HONY. SECY.<br/>IMACGP (HQ.)</p> | <b>ENCLOSURE</b> (kindly out a tick mark)  |
|                                     | <ol style="list-style-type: none"><li>1. Attested copy of M.B.B.S. Degree</li><li>2. Photocopy of Registration Certificate with Medical Council of India/State Councils</li><li>3. Photocopy of life Membership certificate of IMA and IMACGP</li><li>4. Log Book</li><li>5. Demand draft for Rs. _____ drawn on _____ Bank.</li></ol> |



# IMA COLLEGE OF GENERAL PRACTITIONERS

(Under the auspices of INDIAN MEDICAL ASSOCIATION)

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## PROFORMA NOMINATION FOR HONORARY PROFESSORSHIP OF IMACGP

IMA CGP HQ  
IMA Building  
Doctors Colony  
Via.Bharathi Nagar, 1<sup>st</sup> main Road, Off.Mudichur Road  
Tambaram Aest, Chennai – 45

Photo

Sub: HONORARY PROFESSORSHIP OF IMACGP NOMINATION FORM

Dear Sir,

I have great pleasure in nominating for Honorary Professorship of the College. I am a life member of the College (Life membership No. \_\_\_\_\_) and have a seniority of 20 years in the profession or more. My particulars are appended as under:

1. Up-dated Bio-data

I agree to my nomination being considered by the Academic Council IMACGP for award as Honorary Professorship of the College.

I affirm that the decision of the Academic Council, IMACGP in this regard shall be final and it acceptable to me.

Please note that I am a life member of the College (L.M. No. \_\_\_\_\_) and life member of the IMA (L.M. No. \_\_\_\_\_).

Signature \_\_\_\_\_

Name (in capital) \_\_\_\_\_

Address \_\_\_\_\_

Telephone: STD CODE \_\_\_\_\_ Residence: \_\_\_\_\_ Office: \_\_\_\_\_ FAX: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email \_\_\_\_\_

Dated: \_\_\_\_\_

ENCLOSURE TO THE NOMINATION FORM

HONORARY PROFESSORSHIP OF IMACGP- BIODATA OF NOMINEE

1. NAME \_\_\_\_\_
2. QUALIFICATIONS (YEAR) \_\_\_\_\_
3. SPECIALITY PRACTICED General Practice/Family Medicine/ \_\_\_\_\_
4. PROFESSIONAL CAREER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. CONTRIBUTION TO JOURNALS (name with titles)  
a) \_\_\_\_\_  
b) \_\_\_\_\_
6. CONTRIBUTIONS (Titles) TO CONFERENCES/SYMPOSIA/SEMINARS/BOOKS ETC.  
a) \_\_\_\_\_  
b) \_\_\_\_\_
7. ATTACHMENT TO HOSPITALS/CLINICS ETC  
a) \_\_\_\_\_  
b) \_\_\_\_\_
8. AWARDS/ DISTINCTIONS/PROFESSIONAL ACHIEVEMENTS ETC
9. MEMBERSHIP OF PROFESSIONAL ORGANIZATIONS  
a) \_\_\_\_\_ B) \_\_\_\_\_  
c) \_\_\_\_\_ D) \_\_\_\_\_
10. NAMES OF JOURNALS SUBSCRIBED  
a) \_\_\_\_\_ B) \_\_\_\_\_  
c) \_\_\_\_\_ D) \_\_\_\_\_
11. IMA COLLEGE OF GENERAL PRACTITIONERS a) L.M. No. \_\_\_\_\_  
b) Offices held \_\_\_\_\_  
c) Member teaching Faculty Hqrs. / State Hony. Professor of \_\_\_\_\_ at \_\_\_\_\_
12. INDIAN MEDICAL ASSOCIATION L.M. No: \_\_\_\_\_ through \_\_\_\_\_  
branch under \_\_\_\_\_ State Branch.
13. OTHER ACADEMIC ACHIEVEMENTS

Signature: \_\_\_\_\_

TO BE FILLED BY THE IMACGP SECRETARIAT

- Nomination received on \_\_\_\_\_ along with all relevant documents .
  - Recommendations of the Credential Committee \_\_\_\_\_ approved /keep pending/ not approved.
  - Final recommendation of the Academic Council, IMACGP \_\_\_\_\_ nomination accepted/ Not accepted
  - Hony. Fellowship Regd. No. \_\_\_\_\_
- Scroll issued during convocation in the year \_\_\_\_\_

Honorary Secretary IMACGP  
On behalf of Academic Council IMACGP

Enclosure:

1. IMA Life Membership Certificate
2. IMA CGP Life Membership Certificate
3. Recent Pass port Size Photo- 3 Nos
4. Personal Bio Data (Profile)
5. MCI Registration Certificate



# **IMA COLLEGE NATIONAL PROFESSORS** **/ STATE PROFESSOR**



The college is inviting willingness and proposal from the eminent professors to send their willingness and CV for preparing the IMA CGP National professors consortium to the Hon. Secretary.

## **National professor's eligibility:**

- 15-20 years of Academic/teaching experience
- Publication of research papers
- IMA Life Membership
- Contribution of Family medicine speciality

**Responsibility:** To serve in the Academic council of IMA CGP

- : To serve in the editorial of IMA CGP Publication
- : To help in the National FCGP Exam teaching, and evaluation
- : To formulate new course
- : To formulate National treatment guidelines for GP,s