



HOSPITAL BOARD OF INDIA MAHARASHTRA CHAPTER

(Under The Aegis Of Indian Medical Association HBI HQ)

Office - IMA (MWS) Building, Juhu, Mumbai - 4400 049 M.S.

Website - www.imahbims.org; e-mail:- imahbims@gmail.com



Dr.T.C.Rathod

President,
IMA, MS

Dr.Suhas Pingle

Secretary,
IMA, MS

Dr.Arun Pawade

Chairperson,
HBI, MS

Dr.Suhas Kate

Secretary,
HBI, MS

MEMBERSHIP FORM

Name Of Applicant

Hospital: _____

Hospital Registration No. as per Bombay Nursing Home Registration Act

Name Of Hospital Owner (IMA

Member):- _____

Mob:-1) _____ 2) _____ Hospi.No. _____

E-mail:- _____

MMC Registered

Qualification: _____

IMA LM

Number: _____

Category Of Hospital:- (Plz tick mark)

- 1) Primary Health Care Institution (Clinic Without Inpatient Care)
- 2) Secondary Health Care institution (Institution With Secondary Care)
- 3) Tertiary Health Care institution (Institution With Tertiary Care)

Strength Of Hospital Beds:- (Plz tick mark) **1)**0 -20 beds, **2)**21 – 50 beds, **3)**More Than 50 beds

No. Of Qualified Paramedical Staff :- _____ **No. Of Non-medical Staff :-** _____

No. Of Non-qualified Paramedical Staff :- _____

Details Of Working / Attached Allopathic Doctors :-

Allopath's Name	IMA LM Number	MMC Registered Qualification	Signature

Address Of

Hospital:- _____

_____ Pin

Code _____

Services Provided :-

 _____ .Signature: _____

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Affiliation Fees:-

Type Of Institute	No. Of Beds	HBI MS Fee (One Time)	HBI HQ Fee (For 5 years)	Affiliation Fee (For Five Years)	Total
Primary Health Care Institution	No IPD	Rs.500	Rs.500	Rs.500	Rs.1,500
Secondary / Tertiary Health Care Institution	0 - 20 Beds	Rs.500	Rs.500	Rs.2,500	Rs.3,500
	21 - 50 Beds	Rs.500	Rs.500	Rs.5,000	Rs.6,000
	> 50 Beds	Rs.500	Rs.500	Rs.10,000	Rs.11,000

HBI IMA Local Sub-Chapter Fee (Additional) :- To be decided by the local executive committee.

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Note:- 1)Membership forms must be sent through local IMA branch only.

- 2)**Please attach true copies of
- i) IMA LM Certificate,
 - ii) Local Municipal Corporation Regi. Certificate &
 - iii) MMC Regi. Certificate of PG Degree of all doctors.

3) Please attach additional sheet if necessary.

4) Please issue the at par cheque / DD in the name of "IMA MS HBI" payable at Mumbai.

===== For Local Branch Office Use Only =====

Sub-Chapter Serial No. _____

Verified By:- _____

Signature:- _____

(President / Secretary Of IMA Local Branch) Seal:-

===== For HBI MS Office Use Only =====

State Affiliation No. _____ IMA HQ Affiliation No. _____

Verified By:- _____

Signature:- _____

(Hon. Secretary, IMA HBI MS Chapter) Seal:-