



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