



# National Integrated Medical Association



## Membership Application Form

(Please fill in Triplicate (1) for Central Office (2) for State Branch Office & (3) for District / local Branch office)

To,  
The Hon. General Secretary,  
National Integrated Medical Association.

Dear Sir,

I hereby apply for the Membership / Direct-Membership / Life-Membership of NIMA through \_\_\_\_\_ Branch \_\_\_\_\_ state. I am sending my subscription Rs. \_\_\_\_\_ by \_\_\_\_\_. I have carefully read the Memorandum Rules and Bye-Laws of the Association and agree to abide by them. Please enrol me as a Member of NIMA. My particulars are given below.

Your's faithfully

Date : \_\_\_\_\_

\_\_\_\_\_  
(signature of applicant)

1) Full Name - \_\_\_\_\_  
(beginning with surname and in BLOCK letters)

2) Address : (A) Residence - \_\_\_\_\_  
\_\_\_\_\_ Phone no. - \_\_\_\_\_

(B) Clinic / Dispensary - \_\_\_\_\_  
\_\_\_\_\_ Phone no. - \_\_\_\_\_

3) Date of Birth - \_\_\_\_\_ 4) Single / Married / Widower / Widow

5) Academic Qualification (with name of Examining Bodies & dates of acquiring them)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_ Blood Group - Positive/Negative

6) Registration No. - \_\_\_\_\_ Date of Registration - \_\_\_\_\_

7) Name of the Board / Council of Registration - \_\_\_\_\_

8) Professional Status : (Private Practitioner / in service / Teacher etc.) - \_\_\_\_\_

(a) Practitioner : - Yes / No

Hospital Attachment to : \_\_\_\_\_

in what capacity : \_\_\_\_\_

(b) In service : Yes / No. Designation : \_\_\_\_\_

Name of the Employer : \_\_\_\_\_

(c) Concerned with Medical Education as a Teacher : Yes / No

Name of Institution : \_\_\_\_\_

Designation : \_\_\_\_\_

(d) Research worker : Yes / No          Designation : \_\_\_\_\_

Name of Institution : \_\_\_\_\_

(e) Any scientific papers published? State Titles \_\_\_\_\_

8) Were you a Member of NIMA before? : Yes / No.

If so , through which branch ? \_\_\_\_\_

8A) If Yes, when was the membership discontinued and for what reasons?

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**For Office Use Only**

(To be filled by the secretary District / Local Branch)

I) Forwarded to the Hon. Secretary \_\_\_\_\_ State Branch  
with State and Central Share Rs. \_\_\_\_\_

Place - \_\_\_\_\_ Signature : \_\_\_\_\_

Date : \_\_\_\_\_ Hon. Secretary \_\_\_\_\_ Branch

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(To be filled by the Secretary State Branch )

II) Forwarded to the Hon. Gen. Secretary NIMA with Central Share Rs. \_\_\_\_\_

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

Date : \_\_\_\_\_ Hon. Secretary \_\_\_\_\_ State Branch.

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III) RECEIVED at the Central Office on \_\_\_\_\_ From \_\_\_\_\_  
Central Share Rs. \_\_\_\_\_ Received / Not Received.

Membership Accepted / Rejected , for \_\_\_\_\_

Membership No. \_\_\_\_\_ File \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
(Signature of Hon. Gen. Secretary)

National Integrated Medical Association (Central Council)