



# 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

- DD for Rs.2000/- in favour of IMA CGP payable at Chennai
- Recent Pass port Size Photo

**HONY.SECRETARY**  
IMACGP, HEADQUARTERS