

| | |
|----------|--|
| R. No | |
| R. Date | |
| En. Date | |



INDIAN MEDICAL ASSOCIATION



NATIONAL HEALTH SCHEME

APPLICATION FORM



MEMBER

SPOUSE

PARENTS IF WANT TO JOIN

CHILDREN

| EN. NO | IF ALREADY A MEMBER | OFFICE USE | OFFICE USE | OFFICE USE | OFFICE USE |
|--|---------------------|-----------------------|------------|-----------------------|------------|
| Name | | Age | | DOB | |
| | | | | D D M M Y Y Y Y | |
| Address Permanent | | Address Communication | | Proof of Age Document | |
| | | | | | |
| Pin | | Pin | | | |
| Mob | | Tel with STD Code | | | |
| E Mail ID | | | | | |
| Med Council Reg. No | | Year | | Name of Council | |
| Qualifications | | | | | |
| IMA Life membership No | | | | | |
| Spouse -Name | | | | | |
| Age | | DOB | | D D M M Y Y Y Y | |
| | | | | | |
| Address Permanent | | Address Communication | | Proof of Age Document | |
| | | | | | |
| Pin | | Pin | | | |
| Mob | | Tel with STD Code | | | |
| E Mail ID | | | | | |
| Med Council Reg. No | | Year | | Name of Council | |
| Qualifications | | | | | |
| IMA Life Membership No (if IMA member) | | | | | |
| Father - Name | | Age | | DOB | |
| | | | | D D M M Y Y Y Y | |
| Address Permanent | | Address Communication | | Proof of Age Document | |
| | | | | | |
| Pin | | Pin | | | |
| Mob | | Tel with STD Code | | | |
| E Mail ID | | | | | |
| Mother-Name | | Age | | DOB | |
| | | | | D D M M Y Y Y Y | |
| Address Permanent | | Address Communication | | Proof of Age Document | |
| | | | | | |
| Pin | | Pin | | | |
| Mob | | Tel with STD Code | | | |
| E Mail ID | | | | | |
| Sons/ Daughters Name | | Age | | DOB | |
| | | | | D D M M Y Y Y Y | |
| Address Permanent | | Address Communication | | Proof of Age Document | |
| | | | | | |
| Pin | | Pin | | | |
| Mob | | Tel with STD Code | | | |
| E Mail ID | | | | | |