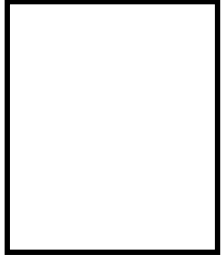


# IMA TNSB – COLLEGE OF GENERAL PRACTITIONERS

## APPLICATION FORM

(Please write in Capital)



1. Name of the Course : Year :  
2. Name (in Capital Letters) :  
3. Date of Birth (DD/MM/YYYY) : Age : Sex : Male / Female  
4. Father's / Husband Name :  
5. Nationality :  
6. Mailing Address

Office Telephone

Mobile

E.mail

7. Residential Address

Resi Telephone

Mobile

E.mail

8. Medical Council Registration Number & Year  
9. IMA Local Branch :  
10. IMA Life Membership No :  
11. Qualification :

Dates From / To	Qualification Obtained	Institution Name , City & Country	Major fields of study

12. Employment Record

Date	Title of your post	List of your specific duties	Name & address of organisation

13. Centre :

14. Mode of Payment (Demand Draft in favour of IMA CGP payable at Chennai.

Rs. \_\_\_\_\_ Demand Draft No. \_\_\_\_\_ Date \_\_\_\_\_ Bank \_\_\_\_\_

Date :

Signature