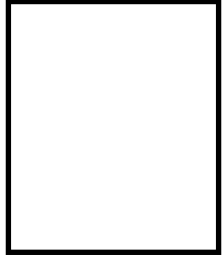


IMA TNSB – COLLEGE OF GENERAL PRACTITIONERS

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

Note: Filled form to send to: **Dr.N.Muthurajan, Hony. State Secretary-IMA TNSB, IMA PPLSSS Complex, JVL Plaza II Floor, No. 626 Anna Salai, Teynampet, Chennai-600 018.** Tel.No. 044-24341105, Cell: 9087180123, Email: imatamilnadu@gmail.com