

INDIAN MEDICAL ASSOCIATION

(HEADQUARTERS)

IMA HOUSE, INDRAPRASTHA MARG, NEW DELHI – 110 002

(APPLICATION FOR OPENING A NEW LOCAL BRANCH)

(To be filled by the proposed New Local Branch)

1. Name of the Branch _____ 2. Number of Members _____

3. Name & Address of Office – bearers:

1. President _____

2. Vice – President _____

3. Hony. Secretary _____

4. Treasurer _____

4. Name of Members of the Managing Committee:

1. _____ 2. _____

3. _____ 4. _____ 5. _____

_____ 6. _____

5. Address of the Office _____

R E S O L U T I O N

A meeting of member of medical profession of _____ was held on _____ under the Chairmanship of Dr. _____ and it was unanimously resolved that a branch called _____ Branch of Indian Medical Association be formed at _____ from _____ and that Dr. _____ Hony. Secretary be authorized to take all necessary steps as required under I. M. A. Rules.

Forwarded to Hony. State/ Territorial Secretary _____ State / Territory Branch of I.M.A. for information and favour of forwarding the same to the Headquarters, Office of I.M.A., New Delhi for further action alongwith a Cheque/ Bank Draft for Rs. _____ towards H.F.C. for the members as per list with effect from _____

Hony. Secretary

President

(To be filled by the State / Territorial Branch concerned)

Forwarded to the Hony. General Secretary, Indian Medical Association, I.M.A. House, Indraprastha Marg, New Delhi for information and necessary action alongwith the requisite H.F.C. Rs. _____

Dated: _____

Address: _____

Hony. State / Territorial Secretary

_____ State / Territorial Branch

Indian Medical Association

(For use in Headquarters Office)

Formation to the _____ Branch approved by the Working Committee, I.M.A. at its _____

Meeting held at _____ on _____

Hony. General Secretary

Dated: _____

Indian Medical Association