



NATIONAL INTERGRATED MEDICAL ASSOCIATION

All India Organization of Graduates of Integrated Medicine
(Registered Under Societies Registration Act 1860 Regd. No. MUM1282171-GBBSD)
(Public Trust Regd. No. F12469 Mumbai)

CENTRAL OFFICE:MUMBAI

STATE BRANCH: PUNJAB

LOCAL BRANCH:JALANDHAR

Membership Form

1. Full name (beginning with surname and in block letters)_____
2. Address Residence : _____
Phone No.(Landline)_____ Mobile No._____ Email Id._____
3. Date Of Birth_____ Single/Married/Widow_____ Date of Wedding_____
4. Academic Qualifications (multiple entries separated by commas)_____
5. Registration Number_____ Date of Registration_____
- Name of the Board/Council of Registration_____
6. Professional Status:- (Private Practitioner/Teacher/Service/Research/Others)_____
- a) Clinic/Hospital/Office Address : _____
_____ Phone No._____
- b) Brief Description : _____
- c) Any scientific papers published ? State titles : _____
7. Were you a Member of NIMA before? Yes/No. _____
If so, through which Branch? _____
8. If Yes when was the membership discontinued and for what reasons? _____
9. Blood Group _____
- Introduced By _____ Applicant Signature _____

For Office Use

(To be filled by the Secretary, District/Local Branch)

1. Forwarded to the Hon. Gen. Secretary (with State & Central Share Rs. _____) Local Receipt No. _____
Place : _____ (Sign.) _____
Date : _____ Hon. Secretary _____ Branch _____

(To be filled by the Gen. Secretary, State Branch)

2. Forwarded to the Hon. Secretary General NIMA (with Central Share Rs. _____) State Receipt No. _____
Place : _____ (Sign.) _____
Date : _____ Hon. Gen. Secretary _____ Branch _____ State _____
3. RECEIVED at the Central Office on _____ from _____
Central share Rs. _____ Received/not received.
Membership Accepted/Rejected, for _____
Membership No. _____ File _____

Place: _____ Date: _____

Applicant
Photo

Signature of the Hon. Secretary General
National Intergrated Medical Association (Central Council)