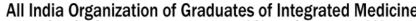
NATIONAL INTERGRATED MEDICAL ASSOCIATION



All India Organization of Graduates of Integrated Medicine (Registered Under Societies Registration Act1860 Regd. No. MUM1282171-GBBSD) (Public Trust Regd. No. F12469 Mumbai)

CENTRAL OFFICE:MUMBAI

STATE BRANCH: PUNJAB

LOCAL BRANCH: JALANDHAR

Membership Form

1. Fu	ll name (beginni	ng with surname and in block letters)			
2. Ad	ldress Residence	:			
Pho	one No.(Landline	e)Mobile No	Email Id		
3. Da	te Of Birth	Single/Married/Widow	Date of We	edding	
4. Ac	cademic Qualific	ations (multiple entries separated by comm	,		
 5. Re	egistration NumberDate of Registration				
Na	me of the Board/	Council of Registration			
6. Pr	ofessional Status	:-(Private Practitioner/Teacher/Service/Re	esearch/Others)		
a) C	linic/Hospital/Of	fice Address:			
			Phone No		
b) B	rief Description	<u> </u>			
c) A	ny scientific pap	ers published ? State titles :			
7. W	ere you a Membe	er of NIMA before? Yes/No			
If s	o, through which	Branch?			
8. If	Yes when was th	e membership discontinued and for what	reasons?		
9. Bl	ood Group				
Introduced By Applican					
		For Offic	ce Use		
		(To be filled by the Secretar	y, District/Local Branch)		
1. Fo	rwarded to the H	Ion. Gen. Secretary (with State & Central	Share Rs.)Local Rec	eint No.	
		Hon. Secretary			
		(To be filled by the Gen. S			
2 Eo	myandad ta tha II	•		againt No	
		Ion. Secretary General NIMA (with Central (Signature))		•	
Date :Hon. Gen. Secretary 3. RECEIVED at the Central Office on					
	ntral share Rs.	Central Office on	110111	Received/not received.	
		ted/Rejected,for			
		ted/Refeeted,101			
٦٧١٥	moersinp rvo			Date:	
	Applicant		Signature of t	he Hon. Secretary General	
	Photo	National Intergrated Medical Association(Central Council)			
			Tranonal intergrated Medical Ass	sociation(Central Council)	