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:_____**

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_____

Applicant Photo

Place:_____Date:_____

_____

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