

## INDIAN MEDICAL ASSOCIATION HOSPITAL BOARD OF INDIA



www.imahbi.in; Contact : hbihqima@gmail.com, 8888129007

Secretariat :- Dr.Dinesh B. Thakare, B/H Irwin Hospital, Khaparde Bagicha, Amravati - 444 602, Maharashtra. IMA HQs. Address :- IMA House, Indraprastha Marg, New Delhi - 110 002

## LIFE AFFILIATION APPLICATION FORM

<b>Details Of Appli</b>	cant Clinical Establish	nment	Please paste							
To,			a passport							
Hon. Secretary,			size photo of							
IMA Hospital Board of		Applicant								
Dear Sir, I, the undersigned, hereby apply on behalf of the following clinical establishment to be affiliated to IMA HBI. Name Of Clinical Establishment : Registration No. under State Nursing Home Registration Act :										
							Address:			
									Pin Code_	
Mob:-1)	2)	Land Line:								
E-mail:										
No. Of Beds (Plz tick r	nark) :- <b>1)</b> 0 - 25, <b>2)</b> 26 – 50, <b>3</b> )	51 – 100, <b>4)</b> 101 - 200, <b>5)</b> > 200 Be	ds							
Total Number of Mode	ern Medicine Doctors In The C	Clinical Establishment :								
(Please attach details of all do	octors in the clinical establishment on its I	etterhead : Names/Qualification/Registration. No./	Contact details)							
Name Of Applicant I	MA Member:									
IMA Life Membership	No.:									
State Medical Counci	Registration Number :									
(Please attach Photocopy	of Registration Certificate)									
State Medical Counci	Registered Qualification:									
Designation At The C	linical Establishment (Plz tick n	nark) :- Owner / Medical Director / Pa	rtner							
Mob:-1)	2)	Land Line:								
F-mail <sup>.</sup> -										

## DECLARATION

I, the undersigned, on behalf of the above clinical establishment, hereby, declare that all information provided by me is true and I & the clinical establishment shall abide by all the rules & bylaws of IMA Hospital Board of India.

## Seal of Clinical Establishment

Sign Of Applicant IMA Member Date of application :-

Affiliation Fee (One Time) :- Please ADD the GST amount (as applicable as per Govt. rule) in the 'Total Fee'.

No. Of Beds	HBI HQs. Share	State Chapter Share	Local Subchapter Share	Total Fee
0 - 25	Rs.2500	Rs.1500	Rs.1000	Rs.5000
26 - 50	Rs.3750	Rs.2250	Rs.1500	Rs.7500
51 - 100	Rs.5000	Rs.3000	Rs.2000	Rs.10000
101 - 200	Rs.7500	Rs.4500	Rs.3000	Rs.15000
>200 Beds	Rs.17500	Rs.10500	Rs.7000	Rs.35000

Please Note:- 1)Please add in 'Total Fee', collect & pay the GST amount (as applicable as per Govt. rule) & send the GST challan along with this application form. 2)Affiliation application form must be sent through IMA local branch only. 3)Please attach true copies of i) Regi. Certificate Under State Nursing Home Act, ii) IMA Life Membership Certificates of Doctors Who Are IMA Members & iii) State Medical Council Regi. Certificates of All Doctors. 4)In case the local branch HBI subchapter or state chapter does not exist, the clinical establishment should pay through the local IMA branch and state IMA branch. Affiliation of minimum 15 hospitals to form a local subchapter and 50 hospitals to form a state chapter is necessary. 5)Please attach an additional sheet, if necessary.

Local Subchapter Serial No.\_\_\_\_\_ Verified By:- Dr. (Hon.President/Secretary Of IMA Local Branch) (He shall carefully scrutinize all above documents, then put a sign & seal. Local branch/subchapter shall enter local serial No.,keep the documents & true copy of this application & send original application (only) to State Chapter)

Seal of Local Subchapter / Branch	Signature:
For	HBI State Chapter Office Use Only ====================================
	Verified By:- Dr. (Hon.Secretary Of IMA HBI State Chapter) ., keep a true copy of this application & send original application to HBI HQs.)
Seal of State Chapter / Branch	Signature:
	= For HBI HQ Office Use Only ====================================
IMA HBI HQs. Life Affiliation No. :- IMA	A HBI HQs./
	Verified By:- Dr. (Hon. Secretary Of IMA HBI HQs.)
Seal of HBI HQs.	Signature:-