



# INDIAN MEDICAL ASSOCIATION HOSPITAL BOARD OF INDIA



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**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

### Details Of Applicant Clinical Establishment

To,  
Hon. Secretary,  
IMA Hospital Board of India HQs.

*Please paste  
a passport  
size photo of  
Applicant  
IMA Member*

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 mark) :- **1)** 0 - 25, **2)** 26 – 50, **3)** 51 – 100, **4)** 101 - 200, **5)** > 200 Beds

Total Number of Modern Medicine Doctors In The Clinical Establishment :- \_\_\_\_\_

(Please attach details of all doctors in the clinical establishment on its letterhead : Names/Qualification/Registration. No./Contact details)

**Name Of Applicant IMA Member:-** \_\_\_\_\_

IMA Life Membership No.:- \_\_\_\_\_

State Medical Council Registration Number :- \_\_\_\_\_

(Please attach Photocopy of Registration Certificate)

State Medical Council Registered Qualification:- \_\_\_\_\_

Designation At The Clinical Establishment (Plz tick mark) :- Owner / Medical Director / Partner

Mob:-1) \_\_\_\_\_ 2) \_\_\_\_\_ Land Line:- \_\_\_\_\_

E-mail:- \_\_\_\_\_

(Please Turn Over)

