

INDIAN MEDICAL ASSOCIATION
(HEAD QUARTERS)
I.M.A. HOUSE, INDRAPRASTHA MARG, NEW DELHI 110002

APPLICATION FORM FOR NEW BRANCH OPENING / REVIVAL OF LOCAL
BRANCH

(To be filled by the proposed local branch)

1. Name of the branch ----- 2. Number of Members -----
3. Name & address of Office- Bearers -----
 1. President -----
 2. Vice- President -----
 3. Hon. Secretary -----
4. Names of Members of the Managing Committee:
 1. ----- 2. -----
 3. ----- 4. -----
 5. ----- 6. -----
5. Address of the Office : -----

RESOLUTION

A Meeting of members of medical profession of ----- was held on -----
----- under the chairmanship of Dr. -----
and it was unanimously resolved that a branch called ----- branch of
Indian Medical Association be formed at ----- from ----- and that
Dr. ----- Hon. State Secretary be authorized to take all necessary steps as
required
Under I.M.A. Rules.

Forwarded to State/ Territorial Secretary----- State/Territorial Branch Office
of I.M.A. for information and favor of forwarding the same to the Headquarters, office of
I.M.A. New Delhi for further action along with Cheque/ Bank Draft for Rs. ----- towards
H.F.C. for the members as per list with effect from ----- .

Hon. Secretary

President

(To be filled by the State/Territorial Branches Concerned)

Forwarded to the hon. General Secretary ,Indian Medical Association, I.M.A. House
Indraprastha Marg , New Delhi for information and necessary action along with requisite.

H.F.C. Rs.-----

Dated -----

Address -----

Hon. Secretary

State/Territorial
Branches Indian Medical Association

(for use in Headquarters office)

Formation to the----- Branches approved by the working committee,
I.M.A.

----- Meeting held at -----on-----

Hon. General Secretary
Indian Medical Association