



DELHI MEDICAL ASSOCIATION

DMA House, Medical Association Road, Daryaganj, New Delhi-110 002

Tel.: 23285727, 23271726, 23250423

E-mail : delhimedicalassociation@gmail.com, Website : www.delhimedicalassociation.com

Photo

Member's Signature

MEMBERSHIP APPLICATION FORM

Annual/Life/Direct Membership Application Form
(All details to be filled in BLOCK LETTERS)

Membership Proposed by Dr. DMA Membership No.

To,
The Honorary Stare Secretary, DMA
DMA House, Medical Association Road
Daryaganj, New Delhi-110002
Dear Sir,

I hereby apply to be enrolled as a member of the Delhi Medical Association as member through
Local Branch under the State/Territorial Branch of DMA.
Member's Name (as per MC/SMC Certificate, IN BLOCK LETTER)

Father's/Husband's Name Date of Birth

DD	MM	YYYY
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Address (Permanent/Correspondence)

Clinic/Hospital Address :
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Mobile No. Tel. (R) Tel. (Clinic/Hospital)
E-mail ID Fax No.

QUALIFICATION	M.B.B.S. (1)	(2)	(3)
COLLEGE			
UNIVERSITY			

Designation (Practice/Job) :
Registration Details : (Photocopy of Registration Certificate to be enclosed with IMA Hqrs.. Form)
Registration No. of Medical Council of India/State Council Date

Service (Details) :
I declare that I am registered with MCI/State Medical Council, I certify that all details/documents furnished are true. If my statement is found to be incorrect my membership would stand to be cancelled and the face paid by me to all sections of DMA will be liable to be forfeited by them. I hereby give undertaking that I shall abide by the Rules and Regulations of DMA.
Date :
Place : Signature of the Applicant

Certified that I have verified the qualifications and registration of the applicant and his eligibility as per rules of IMA for being enrolled as member of the Delhi Medical Association. Forwarded to the Hony State Secretary alongwith HFC.
.....
Signature & Stamp of Hony. Secretary, Local Branch

Forwarded to IMA Hqrs. alongwith HFC on Signature & Stamp of Hony. Secretary General	Received at IMA Hqrs alongwith HFC on Membership confirmed on Signature & Stamp of Hony. Secretary General
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NB : The Local Branch Secretary will keep a photocopy of this form & forward the original form to State/Terr. Branch Secretary along with Admission Fee & HFC and the State will also remain a photocopy of this form & send the original form along with Admission Fee and HFC to DMA for proper record maintaining. The Journal office will be informed by the Hony. State Secretary by providing addressograph list to JIMA.
Membership will be commence only after it is approved and confirmed by the Hony. Secretary General, IMA (Hqs.)