

Model Letterhead for Local Branch



Indian Medical Association
 Local Branch

Address: Ph: Fax:
 Website (if any) : E-mail:

President Dr. _____	Hony. Secretary Dr. _____	Hony. Finance Secretary Dr. _____
Address: _____	Address: _____	Address: _____
Ph: _____	Ph: _____	Ph: _____
e-mail: _____	e-mail: _____	e-mail: _____

Immediate Past President
Dr. _____

President Elect
Dr. _____

Vice President
Dr. _____

Joint Secretary
Dr. _____

Assistant Secretary
Dr. _____

Central Council Members
Dr. _____
Dr. _____
Dr. _____

State Council Members
Dr. _____
Dr. _____
Dr. _____
Dr. _____

Branch Executive Members

(Chairman & Secretaries of various Wings & Schemes)

All communications intended for Branch office should be addressed to the Hony. Branch Secretary

Monthly Report Format

INDIAN MEDICAL ASSOCIATION
 IMA Head Quarters
 New Delhi - 110002
MONTHLY REPORT FORMAT

Name of the Local Branch	
Name of the State Branch	
Branch Email ID (Correspondence)	
Membership Strength (1 st April, 20__ to 31 st March, 20__)	
(pl. attached details on separate sheets)	
1. Topics for CME	
Name of Speakers	
2. Community Related Projects done	
a. Any Combined District/ Zonal/ State/ National meets Sponsored by your Branch	
b. Details of Participation in any State/ National IMA events by your Branch	
c. Govt. Health Programmes Implemented by your branch during this month	
d. Observation of any International / National Designed dates/ weeks/ month by your branch.	
e. Any Immunization activity by your branch	
3. Social / Cultural	
4. Any legal members concern issues and solution by your branch	
5. Any Other	

NB:

1. Additional sheets may be attached if necessary
2. Please enclose documents in the form of Invitation/ Notice/ Photographs/ News Cuttings/Appreciation letters/ Certificates etc.
3. Please send the report along with the Documents to the following address so as to reach on or before 10th of the next month.