



**INDIAN MEDICAL ASSOCIATION IMA AP STATE
APPLICATION FOR TRANSFER OF MEMBERSHIP
TO A DIFFERENT BRANCH WITHIN ANDHRA PRADESH**

(XEROX MAY BE USED) (COUPLE MEMBERS TO APPLY SEPERATLY)

To
The Honorary State Secretary
IMA AP State, IMA Building
Isamia Bazar, Hyderabad-500 027
Ph: 040-24656378, Fax: 040-24738197

Through 1.Branch Secretary----- (Sending Branch)

2.Branch Secretary----- (Receiving Branch)

Dear Sir,

I request you to transfer my membership from -----Branch(Sending Branch) to -----Branch(receiving Branch) as ----- (reasons).

Name of the Applicant for Transfer: Dr.-----

Life Membership No:-----

Address -----

Tel:----- Mobile-----

If Member of FBS No:-----

If Member of PP& W Scheme:-----

If Member of APPA FSS No: -----

Thanking you,

Member Signature

P.T.O

No Objection from Sending Branch

The ----- Branch (Sending Branch) has no objection to the above transfer. The member has no dues to their branch. We are enclosing the branch share of Life membership contribution (by D.D.No.----- in favour of Hony. Secretary-----
----- Branch (receiving)

Yours Sincerely

Hony. Secretary (Sending Branch)

Acceptance by the Receiving Branch

The ----- Branch (Name of receiving Branch) has accepted the membership and received the local branch contribution. Forwarded to Hony. State Secretary, with a request to intimate the transfer to Head Quarters.

Yours Sincerely

Hony. Secretary (Receiving Branch)

Copies of the application to be retained by each local branch