

INDIAN MEDICAL ASSOCIATION

HEADQUARTERS

I.M.A HOUSE, INDRAPRASTHA MARG, NEW DELHI – 110002

APPLICATION FOR OPENING A NEW LOCAL BRANCH

(To be filled by the proposed New Local Branch)

1. Name of the Branch..... 2. Number of Members.....
2. Name & Address of Office-bearers
 1. President.....
 2. Vice President.....
 3. Hony Secretary.....
4. Name of Members of the Managing Committee:
 1. 2.
 2. 4.
 3. 5.
4. Address of the Office.....

RESOLUTION

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

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

.....
Hony. Secretary

.....
President

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

Forwarded to the Hony. Secretary, Indian Medical Association, I.M.A House, Indraprastha Marg, New Delhi for information and necessary action along with the requisits. H.F.C. Rs.

Dated

Address

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Hony. State/ Territorial Secretary

..... State/Territorial Branch

Indian Medical Association

(For use in Headquarters Office)

Formation to theBranch approved by the Working Committee, I.M.A. at its

Meeting held at on

.....

Hony. General Secretary

Indian Medical Association

Dated