



INDIAN MEDICAL ASSOCIATION
The Private Hospitals and Nursing Homes Board
(Tamilnadu State Branch)
APPLICATION FOR ENROLLMENT
(To be filled in **BLOCK LETTERS** only)



1. Name of the Hospital :
2. Status :

Strike off whichever is not applicable Partnership firm / Proprietorship firm / Private Limited Company / Public Limited Company

3. Address of the Hospital :
4. Telephone Numbers (compulsory) :
Mobile Numbers (compulsory) :
Email (compulsory) :
5. Hospital Data **Bed Strength** : **I.C.U. :** **Y/ N** **O.T.:** **Y/ N** **L.W. :** **Y/ N**
6. Representing Doctor's Name ** :
IMA Life Member Number
7. Representing Doctor's :
Designation in the Capital
8. IMA Branch in which the :
representing Doctor is a
Life Member
9. Any other Remarks :

SEAL OF THE HOSPITAL

SIGNATURE OF THE REPRESENTING DOCTOR

**** (Should be the Proprietor (or) a partner (or) a member of the board of Directors of the Hospital and should also be a Life Member of IMA)**

To be filled in by the IMA Branch in which representing Doctor is a Life Member

The above statements (with special reference to item Nos. 5 & 8) made by the applicant have been verified to be true and is being recommended for enrollment in the Private Hospital and Nursing Homes Board of IMA.

SEAL OF THE IMA BRANCH

SIGNATURE OF THE PRESIDENT/
SECRETARY / ASSISTANT SECRETARY.
(PH & NHB) of the Branch Concerned.

NB: Demand Draft for enrollment fees should be sent along with this application form.

DECLARATION

I hereby declare that my / our establishment will abide by the guidelines given by the Private Hospitals and Nursing Homes Board of IMA now and then which is a basic qualification for enrollment / renewal in the Board.

I am also aware that the decisions of the State Council of IMA Tamilnadu State Branch are final with regard to any matter concerned with the Private Hospitals and Nursing Homes Board of IMA Tamilnadu.

(SIGNATURE OF THE REPRESENTING DOCTOR)

SEAL OF THE HOSPITAL

DETAILS REGARDING ENROLLMENT FEE

The enrollment fee for Private Hospitals and Nursing Homes Board of IMA Tamilnadu has been revised as follows (With effect from 2002)

The enrollment fee will have to be paid by Demand Draft drawn in favour of “ IMA NHB GENERAL FUND ” for Rs. 800/- and “ IMA NHB JOURNAL FUND ” for Rs. 1200/- payable at Coimbatore.

TOTAL MEMBERSHIP FEE Rs. 2, 000/-

This includes enrollment of Hospital / Nursing Home in the Nursing Homes Directory and NHB Quarterly Journals.

Special contribution can be raised at the time of need as decided by the State Council for any special activities.

Send the filled up application along with DD to:

IMA NHB SECRETARY

Dr.A.K.Ravi Kumar

Mowthi Nursing Home (p)Ltd,

Alamaram stop, Vadavalli,

Coimbatore- 641041.

Phone:0422-2422404,2424313

Fax:0422-2426306 , Cell:9842222404

E-Mail: drakrnhb@gmail.com www.imanhb.org

For Office Use :

Enrollment No. **JM** _____ Received On : _____ Receipt No. : _____

D.O.J _____ Valid up to _____ Certificate Sent on : _____

Authorisation Signature of IMA NHB _____