



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



**NHB Mem No:**

1. Name of the Hospital :

2. Status :

<b>Strike off whichever is not applicable</b> Partnership firm / Proprietorship firm / Private Limited Company / Public Limited Company
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3. Address of the Hospital :

4. Telephone Numbers :

**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 renewal 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 renewal 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 RENEWAL FEE**

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

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

**TOTAL MEMBERSHIP FEE      Rs. 2, 000/-**

This includes renewal 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: [drakrknhb@gmail.com](mailto:drakrknhb@gmail.com)      [www.imanhb.org](http://www.imanhb.org)

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For Office Use :

Enrollment No. **JM** \_\_\_\_\_ Received On \_\_\_\_\_ Receipt No. \_\_\_\_\_

D.O.J \_\_\_\_\_ 1<sup>st</sup> Renewal \_\_\_\_\_ 2<sup>nd</sup> Renewal \_\_\_\_\_ Valid up to \_\_\_\_\_

Certificate Sent on : \_\_\_\_\_ Authorisation Signature of IMA NHB \_\_\_\_\_