INDIAN MEDICAL ASSOCIATION, PUNE BRANCH Dr. Nitu Mandke IMA House, 992, Shukrawar Peth, Tilak Rd., Pune - 411 002.

Email: imaofpune@gmail.com

Telephone: 020 - 24430042 / 24464771

Website: www.imapune.com Office Hours: 11am to 6pm



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Hon. Secretaries

Hon. Treasurer

Dr. B. L. Deshmukh 9960172759 **Dr. Sunil Ingale** 9850036524

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9822646025

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Dr. Kedar Patil
9823017515

Dear Doctor, Welcome to IMA Family.

To join us:

- i. Please fill up **three forms** and sign at 2 places on each form and paste photos on each.
- ii. Attach One Xerox of MMC / MCI Registration Certificate with copy of renewal.
- iii. For couple and married women Xerox of Marriage Certificate or similar proof is needed.
- iv. Please draw a Cheque in favour of "Indian Medical Association, Pune"

FEE STRUCTURE:

Status	HFC + State IMA Building Fund	IMA Pune	Total
Single Life	9.435	5,000	14,435
Couple Life	14,144	7,510	21,654
Club Member	5,429	5,000	10,429
Club Melliber	3,127		

Yours Sincerely,

Dr. B. L. Deshmukh
President IMA Pune

Methode Ship

Dr. Sunil Ingale / Dr. Alka Kshirsagar Hon. Secretaries IMA Pune

Miller Kip Drive Committee

Dr. Virendra Ostwal (9823274756) Dr. Jayant Navarange (9890206303)

Chairman Advisor

Dr. Anand Deshpande (9822013438)

Dr. Sanjay Patil (9822520257)
Advisor

Co-Chairman / Secretary

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Dr. Bhutkar Avinash
(Chairman, Trust Board)
Dr. Navarange Javant

(Chairman, Trust Board)
Dr. Navarange Jayant
(Executive Trustee)

Dr. Bhondwe Avinash Dr. Chhajed Ravindra Dr. Chaudhari Prashant

Dr. Deshpande Anand Dr. Dudhabhate Anil

Dr. Dudhabhate Anil Dr. Halbe Arun

Dr. Iyer Padma

Dr. Karne N. J. Dr. Kelkar Shreekant B Dr. Kulkarni Ananta

Dr. Jape Ashutosh

Dr. Joshi Mohan

Dr. Lakade Sachin

Dr. Mantri Nandkishor Dr. Marathe Prakash

Dr. Marathe Prakash
Dr. Nene Suhas
Dr. Ostwal Virendra

Dr. Patil Sanjay

Dr. Patwardhan Vaijayanti Dr. Rodrigues Hillary Dr. Sangamnerkar Sachin

Dr. Shahade Ambrish

Registered under The Bombay Public Trust Act of 1950, Schedule 1. Trust No. F165, Pune



INDIAN MEDICAL ASSOCIATION

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

Tel. +91-11-2337 8680, 2337 0473; Fax: +91-11-2337 9470, E-mail: inmedici@vsnl.com

Photo

MEMBERSHIP APPLICATION FORM

(All details to be filled in Block Letters)

	(, assume to 20 miles ii.	Diook Letters)	8	
			⊗ Applicant's	Signat
Membership proposed by Dr.		Proposer's 'Men	Applicants	Signat
To, The Honorary Secretary Ger MA House, I.P. Marg, New I Dear Sir,	neral, IMA Delhi - 110002			
	ed as a member of the Indian Medi			_
	PUNE under the K LETTERS) :			
ather's/Husband's Name :		Date of Brith	dd mm	,,,,,,
Address(Permanent / Corre in Pune	espondence) :	Date of Britis		
Clinic/Hospital Address :_				
Mobile No. :	Tel.(R)	Tel. (Clinic/Hosp	ital)	
Email ID.		F	ax No	
QUALIFICATION	M.B.B.S. (1)	(2)	(3)	
COLLEGE				
UNIVERSITY				
Designation (Practice/Job)	:			
	ocopy of Registration Certificate to		rs. Form)	
Registration No. of Medica Service (details) :	Council of India/State Council		Date :	
I declare that I am registere certify that all details/doct statement is found to be inco be cancelled and the fee pair	ed with MCI/State Medical council. I uments furnished are true. If my rrect my membership would stand to d by me to all sections of IMA will be I hereby give undertaking that I shall	Place : Pune Date :	⊗ Signature of the App	olicant
the applicant and his eligib	the qualifications and registration of ility as per rules of IMA for being lian Medical Association. Forwarded al along with HFC.	E GOLENB SALVA	Hony. Secreta IMA Pune B	
Forwarded to IMA Hqrs. al	ongwith HFC on		nrs. alongwith HFC on ned on	
Signature & Stamp of Hony. State Secretary		Signature & Stamp	p of Hony. State Secreta	ry

NB: The Local Branch Secretary will keep a photocopy of this form & forward the original form to State/Terr. Branch Secretary along with Admission Fee HFC and the State will also retain a photocopy of this form & send the original form along with Admission Fee and HFC to IMA HQs. for proper record maintaining. The Journal office will be informed by the Hony. Secretary General by providing addressograph list to JIMA.

Membership will commence only after it is approved and confirmed by the Hony. Secretary General IMA (HQs.)



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Photo

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(All details to be filled in Block Letters)

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A 1:-	antia Ci	anatur

Membership proposed by D	osed by Dr Proposer's 'Membership No		
To, The Honorary Secretary Ge IMA House, I.P. Marg, New	eneral, IMA Delhi - 110002		
Dear Sir.		la pere	
I hereby apply to be enroll	ed as a member of the Indian Med	dical Association asLIFE	member through
Local Branch	PUNE under the	MAHARASHTRA State/Te	rritorial Branch of IMA
Member's Name (IN BLOC	CK LETTERS) :		
Father's/Husband's Name	:	Date of Brith	dd mm уууу
Address(Permanent / Corr in Pune			
Clinic/Hospital Address :_			
Mobile No. :	Tel.(R)		
Email ID.		Fax N	o
QUALIFICATION	M.B.B.S. (1)	(2)	(3)
COLLEGE			
UNIVERSITY			
Designation (Practice/Job)	:		
Registration Details : (Phot	ocopy of Registration Cettificate to	be enclosed with IMA Hqrs. Fo	orm)
	Council of India/State Council		_ Date :
I declare that I am registered with MCI/State Medical council. I certify that all details/documents furnished are true. If my statement is found to be incorrect my membership would stand to be cancelled and the fee paid by me to all sections of IMA will be liable to be forfeited by them. I hereby give undertaking that I shall abide by the Rules and Regulation of IMA.		Place : Pune ⊗	gnature of the Applicant
Certified that I have verified the qualifications and registration of the applicant and his eligibility as per rules of IMA for being enrolled as member of the Indian Medical Association. Forwarded to the Hony. Secretary General along with HFC.		THOUSE ON THE PROPERTY OF THE	Hony. Secretary, IMA Pune Br.
Forwarded to IMA Hqrs. alongwith HFC on		Received at IMA Hqrs. al Membership confirmed o	ongwith HFC onn
Signature & Stamp of Hony. State Secretary		Signature & Stamp of Hony. State Secretary	
NB: The Local Branch Secretary will k	seep a photocopy of this form & forward the o	riginal form to State/Terr. Branch Secre	etary along with Admission Fee



Membership proposed by Dr.

The Honorary Secretary General, IMA IMA House, I.P. Marg, New Delhi - 110002

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	plicant's Signature
Proposer's 'Membership No	
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ASHTRA State/Territorial Br	
Date of Brith	ım yyyy
Date of Billin	
Tel. (Clinic/Hospital)	

Local Dialion	PUNE under the _	MAHARASHTRA Sta	ate/Territorial Branch of IMA	
	CK LETTERS) :			
Father's/Husband's Name Address(Permanent / Corr in Pune	:espondence) :	Date of Briti		
Clinic/Hospital Address :				
		Tel. (Clinic/Hospital) Fax No		
QUALIFICATION	M.B.B.S. (1)	(2)	(3)	
COLLEGE				
UNIVERSITY				
Registration Details : (Pho Registration No. of Medica	o):otocopy of Registration Certificate t al Council of India/State Council	o be enclosed with IMA H		
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the applicant and his eligi	I the qualifications and registration o bility as per rules of IMA for being adian Medical Association. Forwarded ral along with HFC.		Hony. Secretary, IMA Pune Br.	
Forwarded to IMA Hqrs. alongwith HFC on		Received at IMA H Membership confir	lqrs. alongwith HFC on rmed on	
Signature & Stamp of Hony. State Secretary		Signature & Stan	Signature & Stamp of Hony. State Secretary	

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