



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



President

Dr. B. L. Deshmukh
9960172759

Hon. Secretaries

Dr. Sunil Ingale
9850036524

Dr. Alka Kshirsagar
9822525121

Hon. Treasurer

Dr. Rajan Sancheti
9823147882

Imm. Past President

Dr. Aarti Nimkar
9822304882

President Elect

Dr. Meenakshi Deshpande
9922464365

Vice President

Dr. Raju Varyani
9822646025

Hon. Jt. Secretary

Dr. Geetanjali Sharma
9822060433

Asst. Sec. & Jt. Treasurer

Dr. Kedar Patil
9823017515

Dear Doctor, Welcome to IMA Family.

To join us:

- Please fill up **three forms** and sign at 2 places on each form and paste photos on each.
- Attach One Xerox of MMC / MCI Registration Certificate with copy of renewal.
- For couple and married women - Xerox of Marriage Certificate or similar proof is needed.
- 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

Yours Sincerely,

Dr. B. L. Deshmukh
President IMA Pune



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

Membership Drive Committee

Dr. Virendra Ostwal (9823274756)
Chairman

Dr. Jayant Navarange (9890206303)
Advisor

Dr. Anand Deshpande (9822013438)
Co- Chairman / Secretary

Dr. Sanjay Patil (9822520257)
Advisor

MANAGING COMMITTEE MEMBERS

Dr. Bhutkar Avinash
(Chairman, Trust Board)
Dr. Navarange Jayant
(Executive Trustee)
Dr. Bhondwe Avinash
Dr. Chhajed Ravindra

Dr. Chaudhari Prashant
Dr. Deshpande Anand
Dr. Dudhabhate Anil
Dr. Halbe Arun
Dr. Iyer Padma

Dr. Jape Ashutosh
Dr. Joshi Mohan
Dr. Karne N. J.
Dr. Kelkar Shreekant B
Dr. Kulkarni Ananta

Dr. Lakade Sachin
Dr. Mantri Nandkishor
Dr. Marathe Prakash
Dr. Nene Suhas
Dr. Ostwal Virendra

Dr. Patil Sanjay
Dr. Patwardhan Vijayanti
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

MEMBERSHIP APPLICATION FORM

(All details to be filled in Block Letters)

Photo



Applicant's Signature

Membership proposed by Dr. _____ Proposer's 'Membership No. _____

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

Dear Sir,

I hereby apply to be enrolled as a member of the Indian Medical Association as LIFE member through

Local Branch PUNE under the MAHARASHTRA State/Territorial Branch of IMA

Member's Name (IN BLOCK LETTERS) : _____

Father's/Husband's Name : _____ Date of Birth

dd	mm	yyyy

Address (Permanent / Correspondence) : _____
in Pune

Clinic/Hospital Address : _____

Mobile No. : _____ Tel.(R) _____ Tel. (Clinic/Hospital) _____

Email ID. _____ Fax No. _____

QUALIFICATION	M.B.B.S. (1)	(2)	(3)
COLLEGE			
UNIVERSITY			

Designation (Practice/Job) : _____

Registration Details : (Photocopy of Registration Certificate to be enclosed with IMA Hqrs. Form)

Registration No. of Medical Council of India/State Council _____ Date : _____

Service (details) : _____

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

Date : _____ Signature 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.



Hony. Secretary,
IMA Pune Br.

Forwarded to IMA Hqrs. alongwith HFC on _____

Signature & Stamp of Hony. State Secretary

Received at IMA Hqrs. alongwith HFC on _____
Membership confirmed on _____

Signature & Stamp of Hony. State Secretary

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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Member's Name (IN BLOCK LETTERS) : _____

Father's/Husband's Name : _____ Date of Birth

dd	mm	yyyy

Address (Permanent / Correspondence) : _____
in Pune

Clinic/Hospital Address : _____

Mobile No. : _____ Tel. (R) _____ Tel. (Clinic/Hospital) _____

Email ID. _____ Fax No. _____

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Member's Name (IN BLOCK LETTERS) : _____

Father's/Husband's Name : _____ Date of Birth

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in Pune

Clinic/Hospital Address : _____

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