

## INDIAN MEDICAL ASSOCIATION HOSPITAL BOARD OF INDIA



www.imahbi.in; Contact: hbihqima@gmail.com, 8888129007

**Secretariat**: - Dr.Dinesh B. Thakare, B/H Irwin Hospital, Khaparde Bagicha, Amravati - 444 602, Maharashtra. IMA HQs. Address: - IMA House, Indraprastha Marg, New Delhi - 110 002

\_\_\_\_\_

## LIFE AFFILIATION APPLICATION FORM

Details Of Applica	nt Ciinicai Establisi	nment Please	paste				
To,		a pass	oort				
Hon. Secretary,		size ph	oto of				
IMA Hospital Board of In	Applica						
Dear Sir, I, the undersigned, herek HBI.	y apply on behalf of the fo	IMA M ollowing clinical establishment to be affiliated					
Name Of Clinical Estab	lishment :						
Registration No. under State Nursing Home Registration Act:							
Address:							
		Pin Code					
Mob:-1)	2)	Land Line:					
E-mail:							
		) 51 – 100, <b>4)</b> 101 - 200, <b>5)</b> > 200 Beds					
Total Number of Modern Medicine Doctors In The Clinical Establishment :							
(Please attach details of all doctor	s in the clinical establishment on its l	letterhead : Names/Qualification/Registration. No./Contact	details)				
Name Of Applicant IMA	Member:						
IMA Life Membership No	0.1						
State Medical Council Re	egistration Number :						
(Please attach Photocopy of F	Registration Certificate)						
State Medical Council Re	egistered Qualification:						
Designation At The Clinic	cal Establishment (Plz tick r	mark) :- Owner / Medical Director / Partner					
Mob:-1)	2)	Land Line:					

E-mail:-

## **DECLARATION**

I, the undersigned, on behalf of the above clinical establishment, hereby, declare that all information provided by me is true and I & the clinical establishment shall abide by all the rules & bylaws of IMA Hospital Board of India.

Seal of Clinical L			Sign Of Applicant IMA Me Date of application :-	ember		
Affiliation Fee (One Time):- Please <u>ADD</u> the GST amount (as applicable as per Govt. rule) in the 'Total Fee'.						
No. Of Beds	HBI HQs. Share	State Chapter Share	Local Subchapter Share	Total Fee		
0 - 25	Rs.2500	Rs.1500	Rs.1000	Rs.5000		
26 - 50	Rs.3750	Rs.2250	Rs.1500	Rs.7500		
51 - 100	Rs.5000	Rs.3000	Rs.2000	Rs.10000		
101 - 200	Rs.7500	Rs.4500	Rs.3000	Rs.15000		
>200 Beds	Rs.17500	Rs.10500	Rs.7000	Rs.35000		
the GST challan along with this application form. 2)Affiliation application form must be sent through IMA local branch only. 3)Please attach true copies of i) Regi. Certificate Under State Nursing Home Act, ii) IMA Life Membership Certificates of Doctors Who Are IMA Members & iii) State Medical Council Regi. Certificates of All Doctors. 4)In case the local branch HBI subchapter or state chapter does not exist, the clinical establishment should pay through the local IMA branch and state IMA branch. Affiliation of minimum 15 hospitals to form a local subchapter and 50 hospitals to form a state chapter is necessary. 5)Please attach an additional sheet, if necessary.						
Seal of State Ch	napter / Branch	Signature:	Signature:			
IMA HBI HQs. Life Affiliation No. :- <b>IMA HBI HQs./</b>						
		Verified By:- Dr.	(Hon. Secretary Of IMA HBI HQs.)			
Seal of HRI HO	2	Signature:	Signature:-			