



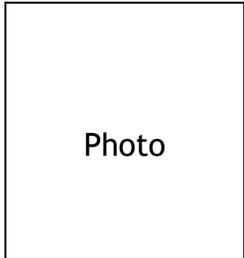
IMA COLLEGE OF GENERAL PRACTITIONERS
(Under the auspices of INDIAN MEDICAL ASSOCIATION)
Head Quarters

IMA TNSB Building, Doctors Colony, Via. Bharathi Nagar, First Main Road, Off: Mudichur Road,
 Tambaram West, Chennai – 600 045.

Mob: 94426 12138 / 97890 14450 Email: cgpima@gmail.com Website: imacgpindia.com

PROFORMA NOMINATION FOR HONORARY FELLOWSHIP IMA CGP

The Academic Council
 IMA College of General Practitioners
 Doctors Colony, (Via). Bharathi Nagar, 1st Main Road,
 Off. Mudichur Road, Tambaram West, Chennai - 45



Sub: **HONORARY FELLOWSHIP OF IMACGP NOMINATION FORM**

Dear Sir,

I have great pleasure in nominating Dr. resident of
 for Honorary Fellowship of the College.
 He is a life member of the College (Life membership No.) and has a seniority of
 20 years in the profession or more. His particulars are appended as under.

1. Up-dated Bio-data
2. IMA CGP Membership application form (Applicable in case of new applicants only)

Proposed by: (fellow IMA CGP)

Seconded by: (Fellow IMA CGP)

Signature

Signature

Name

Name

Address

Address

.....
 Email:

.....
 Email:

Encl: as above

Date:

TO BE FILLED BY THE NOMINEE

I agree to my nomination being considered by the Academic Council IMACGP for award as Honorary Fellowship of the College.

I affirm that the decision of the Academic Council, IMACGP in this regard shall be final and it acceptable to me.

I enclosed a bank draft for Rs.11, 800/- in favour of **IMA CGP HQRS**, payable at Chennai.

Please note that I am a life member of the College (L.M. No.) and life member of the IMA (L.M. No.). (If not IMA CGP LM for GP's- Rs: 295/- & Other Specialist Rs: 1180/-).

Signature _____

Name (in capital) _____

Address _____

Mobile: _____

Email _____

Dated: _____

VERIFIED AND FORWARDED TO THE COLLEGE HEADQUARTERS FOR THE NEEDFUL

Signature

Hon. Secretary.....State Faculty IMA CGP.....

ENCLOSURE TO THE NOMINATION FORM

HONORARY FELLOWSHIP IMACGP- BIODATA OF NOMINEE

1. NAME _____
2. QUALIFICATIONS (YEAR) _____
3. SPECIALITY PRACTICED General Practice/Family Medicine/ _____
4. PROFESSIONAL CAREER _____

5. CONTRIBUTION TO JOURNALS (name with titles)
 - a) _____
 - b) _____
6. CONTRIBUTIONS (Titles) TO CONFERENCES/SYMPOSIA/SEMINARS/BOOKS ETC.
 - a) _____
 - b) _____
7. ATTACHMENT TO HOSPITALS/CLINICS ETC
 - a) _____
 - b) _____
8. AWARDS/ DISTINCTIONS/PROFESSIONAL ACHIEVEMENTS ETC
9. MEMBERSHIP OF PROFESSIONAL ORGANIZATIONS
 - a) _____ B)
 - c) _____ D)
10. NAMES OF JOURNALS SUBSCRIBED
 - a) _____ B)
 - c) _____ D)
11. IMA COLLEGE OF GENERAL PRACTITIONERS a) L.M. No. _____
 - b) Offices held _____
 - c) Member teaching Faculty Hqrs. / State Hony. Professor of _____ at _____
12. INDIAN MEDICAL ASSOCIATION L.M. No: _____ through _____
branch under _____ State Branch.
13. OTHER ACADEMIC ACHIEVEMENTS

Signature:

TO BE FILLED BY THE IMACGP SECRETARIAT

- Nomination received on _____ along with all relevant documents.
- Recommendations of the Credential Committee _____ approved /keep pending/ not approved.
- Final recommendation of the Academic Council, IMACGP _____ nomination accepted/ Not accepted
- Hony. Fellowship Regd. No. _____
Scroll issued during convocation in the year _____

Honorary Secretary IMACGP
On behalf of Academic Council IMACGP

Enclosure:

1. **IMA Life Membership Certificate**
2. **IMA CGP Life Membership Certificate**
3. **Recent Pass port Size Photo- 3 Nos**
4. **Personal Bio Data (Profile)**
5. **MCI Registration Certificate**