



I.M.A. College of General Practitioners Head Quarters



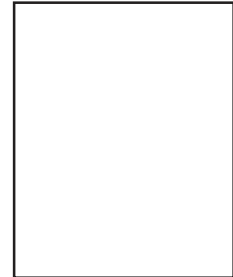
IMA TN State HQs Building, Doctors Colony, Via Bharathi Nagar 1st Main Road,
Off: Mudichur Road, Tambaram (West), Chennai - 600 045

Mob: 94426 12138 / 97890 14450 E-mail: cgpima@gmail.com

COURSE APPLICATION FORM

Course Opted by the Candidate:

1. Name (in block Letters) : Dr.....
2. Date of Birth : Age: Sex: M/F
3. Father's / Husband's Name:
4. Nationality :
5. Permanent Mailing Address:
6. Telephone : Landline Mobile.....
Email/WhatsApp No. :...../.....
7. Medical Council Registration No. :
8. Year & State of Registration :
9. IMA State Branch :
10. IMA Life Membership No :
11. IMA CGP Life Membership Number:
12. Qualification :



(Provide full details in Chronological Order. Give the exact name of the Institution, title of degrees/diplomas. **Important:** Xerox copy of Certificates must be enclosed)

Year From	year to	Institution (Name, State, City & Country)	Degree Obtained	Manjor Fields of Study	Language used

13. EMPLOYMENT RECORD (in chronological order)

Beginning with your present post, provide precise details of your responsibilities and activities and describe what you are doing (supervising, planning, training, etc.).

Date	Job Title	Specific Duties	Name & Address of the Organization

14. Mode of Payment: Refer fees details Annexed

Rs..... Cheque/DD No..... Dated..... Bank.....

(In Favour of "IMA CGP HQRS" Payable at Chennai)

Date:

Signature