Those interested in obtaining a plastic Identity Card with their photograph and signatures are requested to complete the proforma in CAPITAL LETTERS in the boxes and place their signatures also within the box provided herein in black ink and send the same to the IMA HQs. along with a crossed D.D. of Rs.100/- drawn in favour of “Indian Medical Association (HQs.)” payable at New Delhi.

Dr R N Tandon
Hony. Secretary General, IMA

PROFORMA

1. First Name:

2. Last Name:

3. L.M. Number:

4. Address

5. Branch:

6. State:

7. Date of Birth:
   _ _ / _ _ / _ _

8. Blood Group:

9. Mobile No.: