



INDIAN MEDICAL ASSOCIATION
THE PRIVATE HOSPITALS AND NURSING HOMES BOARD
(Tamil Nadu State Branch)



APPLICATION FOR RENEWAL

(To be filled in BLOCK LETTERS only)

NHB No: JM

1. Name of the Hospital :

2. Status :

Strike off whichever is not applicable
Partnership firm / Proprietorship firm /
Private Limited Company / Public Limited Company

3. Address of the Hospital :

4. Telephone Numbers :

Mobile Numbers (compulsory) :

Email (compulsory) :

5. Hospital Data: - **Bed Strength** : **I.C.U.:** **O.T.:** **L.W.:**

6. Representing Doctor's Name ** :

IMA Life Member Number * :

7. Representing Doctor's
Designation in the Capital :

8. IMA Branch in which the
representing Doctor is a
Life Member :

9. Any other Remarks

Seal of the Hospital

Signature of the Representing Doctor

** (Should be the Proprietor (or) a partner (or) a member of the board of Directors of the Hospital and should also be a Life Member of IMA)

*To be filled in by the IMA Branch in which representing Doctor is a Life Member

The above statements (with special reference to item Nos. 5 & 8) made by the applicant have been verified to be true and is being recommended for renewal in the Private Hospital and Nursing Homes Board of IMA.

Seal of the IMA Branch

**Signature of the President/
Secretary / Assistant Secretary.**
(PH & NHB) of the Branch Concerned.

DECLARATION

I hereby declare that my / our establishment will abide by the guidelines given by the Private Hospitals and Nursing Homes Board of IMA now and then, which is a basic qualification for enrollment/renewal in the Board.

I am also aware that the decisions of the State Council of IMA Tamilnadu State Branch are final with regard to any matter concerned with the Private Hospitals and Nursing Homes Board of IMA Tamil Nadu.

Seal of the Hospital

(Signature of the Representing Doctor)

DETAILS REGARDING RENEWAL FEE

The renewal fee for Private Hospitals and Nursing Homes Board of IMA Tamilnadu has been revised as follows (With effect from 01.07.2015)

The renewal fee will have to be paid by Demand Draft drawn in favour of “IMA NHB GENERAL FUND” for Rs.3,000/- “IMA NHB JOURNAL FUND” for Rs.2,000/- payable at Coimbatore.

TOTAL MEMBERSHIP FEE Rs. 5,000/-

DD No.: _____ Date: _____ Bank _____ Rs.3,000/- Place _____

DD No.: _____ Date: _____ Bank _____ Rs.2,000/- Place _____

This includes renewal of Hospital / Nursing Home in the Nursing Homes Directory and NHB Quarterly Journals.

Special contribution can be raised at the time of need as decided by the State Council for any special activities.

Send the filled up application along with DD to:

Dr. S. Karthickprabhu
IMA NHB Secretary
Karthick Poly Clinic
101/67, Karunadhini Nagar, behind sungam,
Trichy Road. Coimbatore-641 045
Phone : 0422-231234
Mobile : 94432 56147 / 73391 57563
Email : karthickprabhunhb @ gmail.com
Website : www.imanhb.org

For Office Use:

Enrollment No. **JM** _____ Received On _____ Receipt No. _____

D.O.J _____ 1st Renewal _____ 2nd Renewal _____ Valid up to _____

Certificate Sent on : _____ By Post / Courier No. _____

Authorisation Signature of IMA NHB TNSB _____