



INDIAN MEDICAL ASSOCIATION

Tamil Nadu State Branch

NURSING HOME BOARD

(Registered under the Societies Act, 1860XX No. 325/1934)



Dr. J.A. Jayalal

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Form for Change of Name/ Address / Proprietorship

JM No. :

Proprietor Name :

Address :

Contact No. :

E-mail id :

**Reason for Change of
Proprietor Name/ Address** :

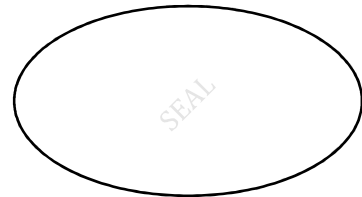
Updated Proprietor Name :

Address :

Contact No. :

E-mail id :

Seal of the Hospital :



Sig Nature of the President/Secretaory
of the branch concerned

- Kindly sent this above filled form through your IMA branch Secretary office to the IMA NHB TNSB
- No Charges applicable for Name / Address / Proprietorship changes if send during your Renewal, otherwise an amount of Rs.500/- applicable at all times

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Address for Correspondence : The Secretary, NHB IMA TNSB

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