



# **GOLDEN JUBILEE YEAR 2013**

## **Hope, Healing & Healthy Nation**



### **I.M.A. College of General Practitioners**

IMA TN State Hqrs Building, Doctors Colony, Via Bharathi Nagar,  
Off. Mudichur Road, Tambaram, Chennai – 600 045. Tel: 044-29000325.  
Web Site: imacgpindia.com, Email: cgpima@gmail.com

#### **INTERNATIONAL POST GRADUATE PAEDIATRIC CERTIFICATE (IPPC)** **REGISTRATION FORM** (Please write in Capital)

1. Name (in Capital Letters) : Dr.  
2. Date of Birth (DD / MM / YY) : Age : Sex : Male / Female  
3. Father's / Husband's Name :  
4. Nationality :  
5. Mailing Address :

Photo

Office Telephone : STD Code: Fax: Mobile:  
Email :

6. Residential Address :

8. Resi. Telephone : STD Code: Fax:

9. Medical Council Registration Number, Year & State of Registration:

10. IMA State Branch : Local Branch:  
12. IMA Life Membership No :  
13. IMA CGP Life Membership Number :  
14. QUALIFICATION :

(Provide full details in Chronological Order. Give the exact name of the Institution and title of degrees / Certificates / diplomas. Important: Scanned copy of certificates must be attached & enclosed)

| Dates From | To | Institution<br>(Name, State, City & Country) | Qualification<br>Obtained | Major Fields<br>of study | Language<br>used |
|------------|----|--|---------------------------|--------------------------|------------------|
|            |    |  |                           |                          |                  |
|            |    |  |                           |                          |                  |
|            |    |  |                           |                          |                  |

#### **15. 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 | Title of Your Post | List Your Specific Duties | Name & add of<br>organization |
|------|--------------------|---------------------------|-------------------------------|
|      |                    |                           |                               |
|      |                    |                           |                               |
|      |                    |                           |                               |

16. CENTRE: Chennai, Madurai, Hyderabad & Delhi

17. Mode of Payment (Demand draft in favour of IMA CGP - payable at Chennai) Fee: Rs. 1 Lakh

Rs. \_\_\_\_\_ Demand Draft No. \_\_\_\_\_ dated \_\_\_\_\_ Bank \_\_\_\_\_

Date:

Signature