IMA COLLEGE OF GENERAL PRACTITIONERS

HQRS, Chennai.

IMA State Hqrs. Building, Doctors Colony, Via Bharathi Nagar First Main Road,
Off. Mudichur Road, West Tambaram , Chennai – 45.Ph 044-29000325.

APPICATION FOR STRUCTURED TRAINNING FOR MRCGP

Name Dr._____

Age: _____Sex_____

Medical Council Reg. No. _____

State of Registration _____

College of Study of under graduation (MBBS)_____

Year of Completing MBBS _____

Place of completing MBBS _____

Member of IMA _____Branch_____State

LM No. _____

IMA CGP Membership No._____

Branch_____ Subfaculty_____

Address for communication:_____

_____

_____

Land Line with ISD Code _____

Mobile No. _____

Email ID: _____

Any addition Qualification details:

The above particulars furnished are time to my knowledge. I accept the rules and regulation for completing the MRCGP which will be enforce by both RCGP and IMA CGP Hqrs.