I.M.A.College of General Practitioners

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POST GRADUATE DIPLOMA IN EMERGENCY MEDICINE (USA)

REGISTRATION FORM (Please write in Capital)

Photo

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 :

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 (Name, State,City & Country)	Qualification Obtained	Major Fields of study	Language 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 organization

16. CENTRE: Chennai
17. Mode of Payment (Demand draft in favour of IMA CGP - payable at Chennai)
Rs. _____ Demand Draft No. _____ dated _____ Bank _____
Date: Signature