



# HOSPITAL BOARD OF INDIA

SUB-CHAPTER

(Under The Aegis Of Indian Medical Association HBI HQ )



Office : \_\_\_\_\_

Timing : \_\_\_\_\_ e-mail:- \_\_\_\_\_

Dr. \_\_\_\_\_ Dr. \_\_\_\_\_ Dr. \_\_\_\_\_ Dr. \_\_\_\_\_ Dr. \_\_\_\_\_  
President Secretary District Co-ordinator Chairperson Secretary

IMA \_\_\_\_\_ IMA \_\_\_\_\_ IMA HBI \_\_\_\_\_ HBI \_\_\_\_\_ HBI \_\_\_\_\_

## AFFILIATION APPLICATION FORM

**Details Of Applicant Medical Establishment :** \_\_\_\_\_

**Name Of Establishment :** \_\_\_\_\_

**Registration No. :-** \_\_\_\_\_

**Name Of Owner (IMA Member):-** \_\_\_\_\_

**IMA Life Membership No.:-** \_\_\_\_\_

**Registered Qualification No. :** \_\_\_\_\_

**Mob:-1) \_\_\_\_\_ 2) \_\_\_\_\_ Work Phone:- \_\_\_\_\_**

**E-mail:-** \_\_\_\_\_

**Category:-** (Plz tick mark)

- 1) Primary Health Care Institution (Clinic Without Inpatient Care, Pathology Lab, Radiology Centre)
- 2) Secondary Health Care Institution (Institution With Secondary Care)
- 3) Tertiary Healthcare Institution (Institution With Tertiary Care)

**No. Of Beds :-** (Plz tick mark) **1) 0 - 20 Beds, 2) 21 – 50 Beds, 3) More Than 50 Beds**

**No. Of Qualified Paramedical Staff :- \_\_\_\_\_; No. Of Non-qualified Paramedical Staff :- \_\_\_\_\_**

Local Member's Name (Must Be An IMA Member)	IMA Life Membership Number	Registered Qualification	Signature

**Address :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sign. & Stamp of Owner  
(IMA Member)**

**Service Provided :** \_\_\_\_\_

\_\_\_\_\_

## Affiliation Fees

Type of Institute	No. of Beds	HBI HQ Fees (for 5 years) (Rs. 100/- Per Year)	HBI State Chapter Entry Fees (Once only)	HBI State Chapter Affiliation Fees (For 5 yrs. Rs. 100/- per year)	HBI Sub-Chapter Fees (For 5 Yrs.)	Total Fee for 5 Yrs. (A)
Primary Health Care Clinic/Patho/Radio/Etc.	No IPD	Rs. 500	Rs. 500	Rs. 500		Rs. 1500
Secondary / Tertiary Health Care Institution	0 - 20 Beds	Rs. 500	Rs. 500	Rs. 2500		Rs. 3500
	21 - 50 Beds	Rs. 500	Rs. 500	Rs. 5000		Rs. 6000
	> 50 Beds	Rs. 500	Rs. 500	Rs. 10000		Rs. 11000

Additional Rs. **1500** per Local (working / attached) Member for 5 years.

The Local Member Will Not Have Right To Vote Or To Hold Any HBI Post.

No. Of Local Members \_\_\_\_\_ x Rs. 1500 = **(B) Rs.** \_\_\_\_\_

Mode Of Payment:- \_\_\_\_\_ **Total (A+B)=Rs.** \_\_\_\_\_

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### Note:-

1) Affiliation application forms must be sent through IMA \_\_\_\_\_ branch only.

2) Please attach true copies of

i) IMA Life Membership Certificate,

ii) \_\_\_\_\_ Municipal Corporation Regi. Certificate &

iii) Regi. Certificate of PG Degree of All Doctors.

3) Please attach additional sheet, if necessary.

4) Please issue the cheque in the name of "IMA Hospital Board Of India \_\_\_\_\_ Subchapter".

( For IMA \_\_\_\_\_ Branch Office Use Only )

\_\_\_\_\_ Sub-Chapter Serial No. \_\_\_\_\_

Verified By:- Dr. (Hon. President/Secretary Of IMA \_\_\_\_\_) Signature:- \_\_\_\_\_

(Local subchapter shall keep the true copy of this application

after putting serial number & send original to IMA HBI MS)

Seal

===== **For HBI State Chapter Office Use Only** =====

IMA HBI MS Chapter Serial No. \_\_\_\_\_ Verified By:- Dr. (Hon. Secretary Of IMA HBI MS Chapter)

(IMA HBI MS Chapter shall keep the true copy

of this application after putting serial number

& send original to HBI Hqs.)

Signature : .....

Seal

### For HBI HQ Office Use Only

IMA HBI MS Chapter Serial No. .... Varified By : Dr. ( Hon. secretary Of IMA HBI Hqs)

Signature : .....

Seal