ALLAHABAD MEDICAL ASSOCIATION

(BRANCH OF IMA)

FULL NAME:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  |  | |  | |  | |  |  | |  | |  | | |  |  | |  | | | |  | | |  |  |  |  |  |  | **Photo** | | | |
|  |  |  |  | |  |  | |  | |  | |  |  | |  | |  | | |  |  | |  | | | |  | | |  |  |  |  |  |  |
| MCI REGISTRATION No. | | | | | | | | | | | | | | | | | | | | | BLOOD GROUP | | | | | | | | | DATE OF BIRTH | | | | | |
|  |  |  |  | |  |  | |  | |  | |  |  | |  | |  | | |  |  | | | | | | | | |  |  |  |  |  |  |
| SPOUSE NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | |  |  | |  | |  | |  | |  | |  | | |  |  |  | |  | | | |  | | |  |  |  |  |  |  |  |  |  |  |
| Date and month of birth | | | | | | | | | |  | |  | |  | |  | | Wedding Anniversary | | | | | | | | | | | | | | | |  |  |  |  |  |  |
| CHILD'S FIRST NAME DATE OF BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 |  |  |  | |  |  | |  | |  | |  |  | |  | |  | | |  |  | |  | | | |  | | |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  | |  |  | |  | |  | |  |  | |  | |  | | |  |  | |  | | | |  | | |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  | |  |  | |  | |  | |  |  | |  | |  | | |  |  | |  | | | |  | | |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  | |  |  | |  | |  | |  |  | |  | |  | | |  |  | |  | | | |  | | |  |  |  |  |  |  |  |  |  |  |
| RESIDENTIAL ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | |  |  | |  | |  | |  |  | |  | |  | | |  | |  | | |  | | |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  | |  | |  |  | |  | |  | | |  | |  | | |  | | |  | |  |  |  |  |  |  |  |  |  |  |
| PROFESSIONAL ADDRESS □ HOSPITAL □ CLINIC □ CGHS □ RAILWAYS □ UPPMHS  Please tick (**√ )** □ OTHER (Please specify) .................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | |  |  | |  | |  | |  |  | |  | |  | | |  | |  | | |  | | |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  | |  | |  |  | |  | |  | | |  | |  | | |  | | |  | |  |  |  |  |  |  |  |  |  |  |
| COLLEGE AND YEAR OF ADMISSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MBBS | | | | | |  | | |  |  | |  |  | |  | |  | | |  | |  | |  | |  | | |  | |  |  |  |  |  |  |  |  |  |
| PG | | | | | |  | | |  |  | |  |  | |  | |  | | |  | |  | |  | |  | | |  | |  |  |  |  |  |  |  |  |  |
| M.Ch/D.M. | | | | | |  | | |  |  | |  |  | |  | |  | | |  | |  | |  | |  | | |  | |  |  |  |  |  |  |  |  |  |
| FIELD OF SPECIALIZATION | | | | | | | | | | | |  |  | |  | |  | | |  | |  | |  | |  | | |  | |  |  |  |  |  |  |  |  |  |
| Mobile No. | | | |  |  | |  | |  | |  |  |  | |  | |  | | |  | | **WHATSAPP NO.** | | | | | | |  | |  |  |  |  |  |  |  |  |  | |
| EMAIL: | | | | |  |  | | |  |  | |  |  | |  | |  | | |  | |  | |  | |  | | |  | |  |  |  |  |  |  |  |  |  |
| IMA MEMBERSHIP NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | |  |  | |  | |  | |  |  | |  | |  | | |  | |  | | |  | | |  | |  |  |  |  |  |  |  |  |  |  |
| Any other AMA member in the family. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | |  | |  | |  | |  |  | |  | |  | | |  | |  | | |  | | |  | |  |  |  |  |  |  |  |  |  |  |
| Relation | | | | | |  | |  | |  | |  |  | |  | |  | | |  | |  | | |  | | |  | |  |  |  |  |  |  |  |  |  |  |
| **PLEASE FURNISH DETAILS IN CAPITAL LETTERS AND SEND IT ALONG WITH YOUR PHOTO on Email: amaprayagraj@gmail.com** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |