



# HOSPITAL BOARD OF INDIA GUJARAT STATE CHAPTER

(Under The Aegis Of Indian Medical Association Gujarat, HBI HQ & GSB)  
Office – AMA House, 2<sup>nd</sup> Floor, Opp. H.K. College Ashram Road, Ahmedabad - 9  
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## AFFILIATION APPLICATION FORM

Name of Sub-Chapter / Branch \_\_\_\_\_

Details Of Applicant Medical Establishment .....

Name Of Establishment :- \_\_\_\_\_

Registration No. as per Bombay Nursing Home Registration Act :- \_\_\_\_\_

Name Of Owner (Sponsor) (IMA Member): \_\_\_\_\_

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

GMC Registered Qualification & Number:- \_\_\_\_\_

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 :- \_\_\_\_\_

Details Of Local (Additional Working / Attached) Members :-

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

Address:- \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

Services Provided:- \_\_\_\_\_

\_\_\_\_\_

Sign & Stamp of Owner(IMA Member)

**Affiliation Fees:-**

Type Of Institute	No. Of Beds	HBI HQ Fee (For 5 yrs)	HBI GSB Entry Fee (Once)	HBI GSB Affiliation Fee (For 5 Yrs)	HBI Sub-Chapter Fee (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.1,500	Rs.3,000
Secondary / Tertiary Health Care Institution	0 - 20 Beds	Rs.500	Rs.500	Rs.2,500	Rs. 1,500	Rs.5,000
	21 - 50 Beds	Rs.500	Rs.500	Rs.5,000	Rs. 1,500	Rs.7,500
	> 50 Beds	Rs.500	Rs.500	Rs.10,000	Rs. 1,500	Rs.12,500

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 Local branch only.

**2)**Please attach true copies of **i)**IMA Life Membership Certificate, **ii)** Municipal Corporation Regi. Certificate & **iii)** GMC Regi. Certificate of 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”**.  
(Name Of Local Branch)

===== For IMA Local Branch Office Use Only =====

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

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

**Seal**

(The local subchapter shall keep the true copy of this application after putting serial number and send original to IMA HBI GS)

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

IMA HBI Gujarat State Chapter Serial No. \_\_\_\_\_

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

**Seal**

(IMA HBI GS Chapter shall keep the true copy of this application after putting serial number and send original to HBI HQs.)

===== For HBI HQ Office Use Only =====

IMA HBI HQs. Serial No

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

**Seal**