



ALL INDIA FOREIGN MEDICAL GRADUATES ASSOCIATION

(Regn No 142 / 2009)

"Crescent Court," 963, Poonamallee High Road, Chennai - 600 084, Tamil Nadu, India

Tel: + 91 - 44 - 25322021, Fax: + 91 - 44 - 26614485,

Email: aifmga@gmail.com, aifmga@yahoo.com, Website: www.aifmga.com

Membership cum ID Application Form

(All details to be filled in Black Letters)

Affix Photo

To
The President / Secretary / Treasurer,
All India Foreign Medical Graduates Association,
"Crescent Court",
963, Poonamallee High Road,
Chennai -600 084
Tamil Nadu, India.

Dear Sir / Madam,

I hereby apply to be enrolled as a member of the All India Foreign Medical Graduates Association

1. Applicant's Name (In block letters) :
2. Father's / Spouse's Name :
3. Date of Birth and Age :
4. Personal Marks of Identification :
5. Blood Group :
6. Permanent Address :
7. Hospital / Clinic Address :
8. Educational Qualification :

QUALIFICATION	(1)	(2)	(3)	(4)
	M.B.B.S., / M.D.,			
COLLEGE / ACADEMY				
UNIVERSITY				
COUNTRY				
YEAR OF PASSING				

9. Registration Particulars (If Applicable) :

Registration Number	
MCI with Date	State Medical Council with Date

10. Communication :

Tel (Res)	Tel (Clinic / Hospital)	Mobile No	Fax No	Email

11. Designation (Practice / Job) : -----

12. Declaration :

I certify that the information furnished above is true to my best of knowledge and belief and I will abide by the rules and regulations of the Association. I have enclosed herewith the photocopy of the certificates of my qualifications and Registration Certificates.

I also assure that the ID card will be used only for the legitimate purposes of my identification.

Place : _____

Date : _____

Signature of the Applicant

Certified that I have verified the qualifications and registration of the applicant and his / her eligibility as per the rules of AIFMGA for being enrolled as member of the AIFMGA.

The Membership is confirmed and the following Registration Number is allotted to the Member and also the ID for him / her is being sent.

Signature and Stamp of President / Secretary / Treasurer with Date