



HOSPITAL BOARD OF INDIA MAHARASHTRA CHAPTER

(Under The Aegis Of Indian Medical Association HBI HQ)

Office - IMA (MWS) Building, Juhu, Mumbai - 4400 049 M.S.

Website - www.imahbims.org; e-mail:- imahbims@gmail.com



Dr. Ashok Tambe
President,
IMA, MS

Dr. Parthiv Sanghvi
State Secretary,
IMA, MS

Dr. Dinesh Thakare
Chairman,
HBI, MS

Dr. Saurabh Sanjanwala
Secretary,
HBI, MS

Dr. Mangesh Pate
Treasurer,
HBI, MS

AFFILIATION APPLICATION F O R M

Details of Applicant Medical Establishment : _____

Name of Establishment : _____

Registration No: _____

Name of Hospital Owner (IMA Member):- _____

MMC Registered Qualification: _____

IMA LM Number: _____

Registered Qualification No : _____

Mob:-1) _____ 2) _____ Hospi.No. _____

E-mail:- _____

Category Of Hospital:- (Plz tick mark)

1) Primary Health Care Institution (Clinic Without Inpatient Care)

2) Secondary Health Care institution (Institution With Secondary Care)

3) Tertiary Health Care institution (Institution With Tertiary Care)

Strength Of Hospital 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-medical Staff :-** _____

No. Of Non-qualified Paramedical Staff:- _____

Details Of Working / Attached Allopathic Doctors:-

Signature	MMC Registered Qualification	IMA LM Number	Allopath's Name

Address Of Hospital:- _____

_____ Pin Code _____ Sign. & Stamp of Owner(IMA Member)

Services Provided :- _____

Affiliation Fees:-

Type Of Institute	No. Of Beds	HBI MS Fee (for 5 years) Rs 100/- per year	HBI State Chapter Entry Fees (once only)	HBI State Chapter Affiliation Fee (For Five Years Rs. 100/- per year)	Total Fee for 5 years (A)
Primary Health Care Institution	No IPD	Rs.500	Rs.500	Rs.500	Rs.1500
Secondary / Tertiary Health Care Institution	0 - 20 Beds	Rs.500	Rs.500	Rs.2,500	Rs.3,500
	21 - 50 Beds	Rs.500	Rs.500	Rs.5,000	Rs.6,000
	> 50 Beds	Rs.500	Rs.500	Rs.10,000	Rs.11,000

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. _____

Note:- 1)Membership forms must be sent through local IMA branch only.

- 2) Please attach true copies of
 - i) IMA LM Certificate,
 - ii) Local Municipal Corporation Regi. Certificate &
 - iii) MMC Regi. Certificate of PG Degree of all doctors.

3) Please attach additional sheet if necessary.

4) Please issue the at par cheque / DD in the name of "IMA MS HBI" payable at Mumbai.

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

Sub-Chapter Serial No. _____

Verified By:- _____ Signature:- _____

(President / Secretary Of IMA Local Branch) Seal:-

===== For HBI MS Office Use Only =====

State Affiliation No. _____ IMA HQ Affiliation No. _____

Verified By:- _____ Signature:- _____

(Hon. Secretary, IMA HBI MS Chapter) Seal:-

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

IMA HBI MS Chapter serial No. _____

Verified By:- _____ Signature:- _____

(Hon. Secretary of IMA HBI Hqs) Seal:-