

## IMA MEMBER DETAILS UPDATION FORM

Dear members,

Kindly fill up this form completely for updation of IMA records. Kindly provide this information by 31st December, 2014. Also please mail a soft copy of your passport size photograph to : [drabhaysoni@yahoo.co.in](mailto:drabhaysoni@yahoo.co.in)

1) First Name	<input style="width: 100%; height: 20px;" type="text"/>																													
2) Middle Name	<input style="width: 100%; height: 20px;" type="text"/>																													
3) Last Name	<input style="width: 100%; height: 20px;" type="text"/>																													
4) Degrees	<input style="width: 100%; height: 20px;" type="text"/>																													
5) MMC Reg. No.	<input style="width: 100%; height: 20px;" type="text"/>																													
6) Practice type	<input style="width: 100%; height: 20px;" type="text"/>																													
7) Hospital Address	<input style="width: 100%; height: 40px;" type="text"/>																													
8) Place	<input style="width: 100%; height: 20px;" type="text"/>								9) Pin Code	<input style="width: 100%; height: 20px;" type="text"/>																				
10) Phone Number/s	<input style="width: 100%; height: 20px;" type="text"/>																													
11) Mobile Number/s	<input style="width: 100%; height: 20px;" type="text"/>																													
12) E-mail ID	<input style="width: 100%; height: 20px;" type="text"/>																													
13) Spouse Name	<input style="width: 100%; height: 20px;" type="text"/>																													
14) Type of Membership	<table border="0" style="width: 100%;"> <tr> <td style="width: 20px;"><input type="checkbox"/></td> <td>Life Single</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Life Couple</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Annual Single</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Annual Couple</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Allied Single (Other than Allopathy)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Allied Couple (Other than Allopathy)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Honorary (Above 75 years of age)</td> </tr> </table>																<input type="checkbox"/>	Life Single	<input type="checkbox"/>	Life Couple	<input type="checkbox"/>	Annual Single	<input type="checkbox"/>	Annual Couple	<input type="checkbox"/>	Allied Single (Other than Allopathy)	<input type="checkbox"/>	Allied Couple (Other than Allopathy)	<input type="checkbox"/>	Honorary (Above 75 years of age)
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15) IMA Life Membership No.	<input style="width: 100%; height: 20px;" type="text"/>																													
16) IMA NSSS No.	<input style="width: 100%; height: 20px;" type="text"/>																													
17) IMA MS SSS No.	<input style="width: 100%; height: 20px;" type="text"/>																													
18) IMA NPPS No.	<input style="width: 100%; height: 20px;" type="text"/>																													
19) Birthdate	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	20) Wedding Date	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>				

Please fill & submit forms to Dr. Abhay Soni, Soni Diagnostic Centre, Mahavir Chowk, Jalna