



Indian Medical Pharmacologists Association (IMPA)
(Registered under Tamil Nadu Societies Registration Act, 1975)

Affix your recent passport size photograph here

Name: Dr.

Age: Date of Birth: Sex: M F

Educational qualification(s): MD DNB DM
(Pharmacology) Pursuing Completed

College / University name (s):

Year of passing: MCI registration number:

State Medical Council: Date of Registration:

Permanent address:

Email id: Mobile number:

MCI registration certificate attached (copy): Yes

MD/DNB/DM degree certificate attached (copy): Yes

Membership: Annual (Rs.500) Life Associate (Rs.500) Life (Rs.2500)

Payment (please tick): DD/Cheque/Net banking Date: Number:

Declaration:

I hereby agree to abide by the rules and byelaws of Indian Medical Pharmacologists Association (IMPA) and the details provided above are true to my knowledge.

Signature with date: