



# Indian Medical Association, Pune Branch

Health for All

Dr. Nitu Mandke IMA House, 992, Shukrawar Peth, Tilak Road, Pune Maharashtra - 411002.

Email : imaofpune@gmail.com

Website : www.imaofpune.com

Tel : 020 - 24464771 / 24430042

Office Hours : 11am to 6pm



2025-26

Hon. Secretaries		President	Hon. Treasurer	Imm. Past President
<b>Dr. Ranjeet Ghatge</b> 9822338273	<b>Dr. Anjali Sabne</b> 9689931444	<b>Dr. Sunil Ingale</b> 9850036524	<b>Dr. Sachin Lakade</b> 94220 29159	<b>Dr. Rajan Sancheti</b> 9823147882
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## Dear Doctor, Welcome to IMA Family!

To join us:

Please fill up **three forms** and sign at 2 places on each form and paste photos on each.

Attach One Xerox of MMC / MCI Registration Certificate with copy of renewal.

For couple and married women – Xerox of Marriage Certificate or similar proof is needed.

Please draw a Cheque in favour of “**Indian Medical Association, Pune**”

### REVISED FEE STRUCTURE: (w. e. f. 1<sup>st</sup> April 2025)

Status	HFC + State IMA Building Fund	IMA Pune	18% GST	Total
<b>Single Life</b>	12,156	5,000	3,088	<b>Rs. 20,244/-</b>
<b>Couple Life</b>	18,222	7,510	4,632	<b>Rs. 30,364/-</b>
<b>Club Member</b>	6858	5,000	2,134	<b>Rs. 13,992/-</b>

Yours Sincerely,

**Dr. Sunil Ingale**  
President IMA Pune

**Dr. Ranjeet Ghatge / Dr. Anjali Sabne**  
Hon. Secretaries IMA Pune

### Membership Drive Committee

**Dr. Archana Shingavi (9822256048)**  
Chairman

**Dr. Jayant Navarange (9890206303)**  
Advisor

**Dr. Sumit Shah (7767858161)**  
Co- Chairman

**Dr. Sanjay Patil (9822520257)**  
Advisor

### Trust Board

**Dr. Bhutkar Avinash**  
(Chairman, Trust Board)  
**Dr. Patil Sanjay**  
(Executive Trustee)  
**Dr. Iyer Padma**

**Dr. Bhondwe Avinash**  
**Dr. Marathe Prakash**  
**Dr. Nene Suhas**  
**Dr. Sarda Dilip**

**Dr. Bongale Disha**  
**Dr. Deshmukh B. L.**  
**Dr. Deshpande Meenakshi**  
**Dr. Halbe Arun**

**Dr. Joshi Mohan**  
**Dr. Kalashetti Suhas**  
**Dr. Kelkar Shreekant B**  
**Dr. Khinvasara Pradeep**

**Dr. Navarange Jayant**  
**Dr. Nimkar Aarti**  
**Dr. Ostwal Virendra**  
**Dr. Parab Vaishali**

**Dr. Patil Kedar**  
**Dr. Patwardhan Vijayanti**  
**Dr. Rodrigues Hillary**  
**Dr. Shahade Ambrish**

**Dr. Shahane Varsha**  
**Dr. Shah Sumit**  
**Dr. Varyani Raju**

### Managing Committee Members

Speciality : \_\_\_\_\_

Pune R. No.: \_\_\_\_\_ / Dt.: \_\_\_\_\_



# INDIAN MEDICAL ASSOCIATION

I.M.A. HOUSE, INDRAPRASTHA MARG, NEW DELHI - 110002

Tel. +91-11-2337 8680, 2337 0473 ; Fax : +91-11-2337 9470, E-mail : inmedici@vsnl.com

Photo

## MEMBERSHIP APPLICATION FORM

(All details to be filled in Block Letters)



Applicant's Signature

Membership proposed by Dr. \_\_\_\_\_ Proposer's 'Membership No. \_\_\_\_\_

To,  
The Honorary Secretary General, IMA  
IMA House, I.P. Marg, New Delhi - 110002

Dear Sir,

I hereby apply to be enrolled as a member of the Indian Medical Association as LIFE member throughLocal Branch PUNE under the MAHARASHTRA State/Territorial Branch of IMA

Member's Name (IN BLOCK LETTERS) : \_\_\_\_\_

Father's/Husband's Name : \_\_\_\_\_ Date of Birth 

dd	mm	yyyy

Address(Permanent / Correspondence) : \_\_\_\_\_  
in Pune

Clinic/Hospital Address : \_\_\_\_\_

Mobile No. : \_\_\_\_\_ Tel.(R) \_\_\_\_\_ Tel. (Clinic/Hospital) \_\_\_\_\_

Email ID. \_\_\_\_\_ Fax No. \_\_\_\_\_

QUALIFICATION	M.B.B.S. (1)	(2)	(3)
COLLEGE			
UNIVERSITY			

Designation (Practice/Job) : \_\_\_\_\_

Registration Details : (Photocopy of Registration Certificate to be enclosed with IMA Hqrs. Form)

Registration No. of Medical Council of India/State Council \_\_\_\_\_ Date : \_\_\_\_\_

Service (details) : \_\_\_\_\_

I declare that I am registered with MCI/State Medical council. I certify that all details/documents furnished are true. If my statement is found to be incorrect my membership would stand to be cancelled and the fee paid by me to all sections of IMA will be liable to be forfeited by them. I hereby give undertaking that I shall abide by the Rules and Regulation of IMA.

Place : Pune   
Date : \_\_\_\_\_ Signature of the Applicant

Certified that I have verified the qualifications and registration of the applicant and his eligibility as per rules of IMA for being enrolled as member of the Indian Medical Association. Forwarded to the Hony. Secretary General along with HFC.



Hony. Secretary,  
IMA Pune Br.

Forwarded to IMA Hqrs. alongwith HFC on \_\_\_\_\_

Received at IMA Hqrs. alongwith HFC on \_\_\_\_\_  
Membership confirmed on \_\_\_\_\_

Signature &amp; Stamp of Hony. State Secretary

Signature &amp; Stamp of Hony. State Secretary

NB: The Local Branch Secretary will keep a photocopy of this form & forward the original form to State/Terr. Branch Secretary along with Admission Fee HFC and the State will also retain a photocopy of this form & send the original form along with Admission Fee and HFC to IMA HQs. for proper record maintaining. The Journal office will be informed by the Hony. Secretary General by providing addressograph list to JIMA.  
Membership will commence only after it is approved and confirmed by the Hony. Secretary General IMA (HQs.)

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Member's Name (IN BLOCK LETTERS) : \_\_\_\_\_

Father's/Husband's Name : \_\_\_\_\_ Date of Birth 

dd	mm	yyyy

Address(Permanent / Correspondence) : \_\_\_\_\_  
in Pune

Clinic/Hospital Address : \_\_\_\_\_

Mobile No. : \_\_\_\_\_ Tel.(R) \_\_\_\_\_ Tel. (Clinic/Hospital) \_\_\_\_\_

Email ID. \_\_\_\_\_ Fax No. \_\_\_\_\_

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dd	mm	yyyy

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