

NATIONAL INTEGRATED MEDICAL ASSOCIATION
MAHARASHTRA STATE BRANCH

TRANSFER MEMBERSHIP FORM

THE HON. GENERAL SECRETARY,
NIMA MSB.

DEAR SIR,

I. DR. _____ HEREBY APPLY FOR THE TRANSFER
OF MY NIMA LIFE MEMBERSHIP FROM NIMA _____ BRANCH
TO NIMA _____ BRANCH. SO PLEASE ENROL ME AS A
MEMBER OF NIMA _____ BRANCH MY PARTICULARS ARE GIVEN
BELOW.

YOUR'S FAITHFULLY

DATE: / /

(SIGN. OF APPLICANT)

DETAILS OF NIMA LIFE MEMBERSHIP:

FULL NAME: _____ LIFE MEMBERSHIP NO. _____

MEMBER OF NIMA: _____ BR. TRANSFER TO NIMA _____ BR

PRESENT ADDRESS: _____

MOBILE NO _____

ATTACH LIFE MEMBERSHIP CERTIFICATE

FOR OFFICE USE ONLY

I DR. _____ SECRETARY OF NIMA _____ BR

GIVEN NOC TO DR. _____ LIFE MEMBER OF OUR BRANCH

TO TRANSFER HIS/ HER MEMBERSHIP TO NIMA _____ BRANCH

DATE: / /

SIGN:

NAME: _____

STAMP

SECRETARY NIMA: _____ BRANCH

I DR. _____ SECRETARY OF NIMA _____ BR

PERMIT TO DR. _____ AS LIFE MEMBER OF

NIMA _____ BRANCH TO ADMIT HIS/HER MEMBERSHIP IN OUR

NIMA BR.

DATE: / /

SIGN:

NAME: _____

STAMP

SECRETARY NIMA: _____ BRANCH

- 1) COPY TO SECRETARY NIMA MSB
- 2) COPY TO TREASURER NIMA MSB