



**INDIAN MEDICAL ASSOCIATION – TAMILNADU STATE BRANCH
NURSING HOME AND HOSPITAL BOARD**



**APPLICATION FOR DUPLICATE
CERTIFICATE FORM**

(To be filled in BLOCK LETTERS only)

REGISTRATION DETAILS:

Name of Health Care Unit :
JM No. :
Address :
City / Taluk :
District :
PIN :
Mobile Phone(s) :
Email Id :
Website :

NEW DETAILS:

Reason for Change :
New Proprietor Name :
New Hospital Name :
New Address :
Mobile Phone(s)
Email Id
Website

DECLARATION

I hereby declare that my / our establishment will abide by the guidelines given by the Private Hospitals and Nursing Homes Board of IMA now and then, which is a basic qualification for enrollment/renewal in the Board.

I am also aware that the decisions of the State Council of IMA Tamilnadu State Branch are final with regard to any matter concerned with the Private Hospitals and Nursing Homes Board of IMA TamilNadu.

HOSPITAL SEAL

(SIGNATURE OF THE REPRESENTING DOCTOR)

***To be filled in by the IMA Branch in which representing Doctor is a Life Member.**

The above statements (with special reference to item No) made by the applicant have been verified to be true and is being recommended for enrolment in the Private Hospital and Nursing Home Board of IMA

SEAL

**Signature of the
President/Secretary/Dist.Coordinator
of the Branch Concerned**

DETAILS REGARDING NAME/ ADDRESS/ PROPRIETORSHIP CHANGES FEE

- Kindly Send this form duly filled through your IMA Branch Secretary office to the NHB, IMA TNSB.
- The Enrollment fee will have to be paid by Demand Draft drawn in favour of "IMA NHB GENERAL FUND" for Rs. 500/- payable at Hosur.

DD No.: _____ Date: _____ Bank _____ Rs.500/- Place _____

This includes renewal of Hospital / Nursing Home in the Nursing Homes Directory and NHB Quarterly Journals. Special contribution can be raised at the time of need as decided by the State Council for any special activities.

Send the filled up application along with DD to:

Dr. R. Rengaraj

Secretary, NHB, IMTNSB

Lakshmi Hospital,

27, Tank Street,

Hosur – 635109

Ph : 0434 - 4240999

(During hours : 9.30am to 6.30pm)

Cell : 7548825544, 7598320999, 9443222509

Email: imanhbtsnb@gmail.com

Website : www.imanhb.org.in

For Office Use:

Received On : _____ Receipt No. : _____

Enrollment No. : **JM** _____ D.O.J : _____

Valid up to : _____

Certificate Sent on: _____ By Post / Courier No. _____

Authorization Signature of IMA NHB _____