



IMA AKN SINHA INSTITUTE

OF CONTINUING MEDICAL & HEALTH EDUCATION AND RESEARCH

Application For enrolment in Post graduate Certificate Courses
Course Fee: Rs. 2000/- (Each Course) for Postal Mode

1. **Choice of Course for enrolment:-**

Courses: -

- | | |
|--|---|
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> HIV/AIDS & STDs Management |
| <input type="checkbox"/> Lactation Management | <input type="checkbox"/> Geriatrics Medicine |
| <input type="checkbox"/> Torture Medicine | <input type="checkbox"/> Environment & Occupational Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Tuberculosis & chest Diseases |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Reproductive & Child Health |
| <input type="checkbox"/> Medical Negligence & C.P.A. | <input type="checkbox"/> Psychiatry & Psychosexual Medicine |
| <input type="checkbox"/> Clinical Cardiology | <input type="checkbox"/> Clinical Diabetes |
| <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Radiology |

2. **Full Name: Dr.**

(Block Letters) (Surname) (Middle Name) (First Name)

3. **Date of Birth** Date Month Year

4. **Sex:** M F

5. **Address of Communication:** _____

(IN BLOCK LETTERS) City: _____ Distt. _____

State: _____ PIN Code

6. **Contact Nos.** Clinic: (0) _____ Residence (0) _____

Mobile: _____ Fax: (0) _____

Email: _____

7. **Qualification:** Graduate _____ Post Graduate _____

Year of Passing MBBS From _____

8. **Type of Practice** General Specialist Speciality in _____

9. **Life Member of IMA** Yes No Local Branch _____

State Branch _____

10. **Life Membership No.** _____

11. **Details of demand draft enclosed:**

Draft favouring "IMA AKN Sinha Institute", payable at Patna only.

Draft No.	Date of issue	Name of issuing Bank and Branch	Amount

Note: Please read the instructions carefully before filling up the form.

Date:.....

Signature of the applicant:.....

Mall the duly filled form to:

Hony. Executive Secretary,

IMA Building, Dr. A.K.N. Sinha path, South East Gandhi Maidan, Patna-800 004.

Ph. No.: 0612 2320539, Email: aknsi01 @yahoo.com