



INDIAN MEDICAL ASSOCIATION
TAMILANDU STATE BRANCH
PARAMEDICAL WING



(Forms to apply for 2 Years Dip. in Health Assistant -DHA/ Dip. in O.T. Technology-DOT / Dip. In Ophthalmic Assistant -DOA/ Dip. in Medical & Laboratory Technology-DMLT / Dip. in Diagnostic Technology-D DiagT/ Dip. in Radiology Techniques-DRT/Dip. in Dialysis Technology-DDT/ 1 year courses of Medical Record Maintenance Techniques-MRMT/Central Sterile Supply Technology-CSST/ 3 Years course-Advanced Health Assistance -AHA).

APPLICATION FORM – PARAMEDICAL COURSES

1. Name of the Course applied :
2. Name & Address of the Hospital /Institution :
3. Office Telephone :
4. E mail :
5. Mobile No. :
6. IMA NHB Number & Branch :
7. Chairman/Head of the Institution :
8. IMA Life Membership Number :
9. Managing Director /Administrator/Principal :
10. IMA Life Membership Number/Branch :
11. Whether proprietorship /Pvt. Ltd./Public Ltd. / Any Other :
12. Address of the functioning Centre :
13. Office Telephone :
14. E mail :
15. Address of the Administrative Centre :
16. Office Telephone :
17. E Mail :
18. Number of Beds :

19. Census in the past 3 years :

Year	OP	IP	Labour

20. Laboratory Facilities:- Clinical pathology: Y / N Biochemical : Y / N Blood Bank : Y / N

21. Equipment Availability:

No. of Microscope:..... Auto Analyser: Y / N Semi Auto Analysers : Y / N Flame Photometer : Y / N

Elisa Reader : Y / N Cell Counter : Y / N ABG Machine : Y / N Any other

22. Operation Theatre :

No. of O.T. Major.....Minor.....Labour.....Septic.....No. of Boyles

Autoclave.....C-arm.....Laparoscope.....Any other.....

Surgeries performed in last 3 years.....

If above facilities are not available provide a copy of memorandum of understanding with tie –up centre / unit with their facilities.

23. Mode of Payment (Demand Draft in favour of “**IMA PARAMEDICAL COURSE**” payable at **NAGERCOIL** or online payment: A/c No. 75260100004698, Bank of Baroda, Branch: **NAGERCOIL**, IFSC: : **BARBONAGCOI** (fifth character Zero) .

Demand Draft No ./ Online payment details.....

I promise to abide by the rules and regulation of IMA TNSB to be passed as and when necessary by paramedical Wing for administration and by College of General Practitioners for Education & Training purpose.

All the information provided are the best of my knowledge.

Date:

Seal : Hospital / Institution

Signature

Note: Filled form to sent to Dr. M. Thiraviam Mohan
, Hony. State Secretary-IMA TNSB, IMA Tamilnadu HQs., No. 1, Doctors Colony 2nd Cross Street, Via:
Bharathidasan Nagar Extn.1st Main Road, Off Mudichur Road, West Tambaram, Chennai-600 045.
Tel: 044-47797871 Mobile: 9087180123.