

INDIAN MEDICO-LEGAL & ETHICS ASSOCIATION

[Reg. No. - E - 598 (Amravati)]

Off. Address: c/o Dr.Satish Tiwari, Yashodanagar No. 2, Amravati-444606, Maharashtra

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Dear Colleague,

Warm regards.

Please accept the season's greetings on behalf of all of us. The practice of medicine has changed drastically in the twenty first century. There have been many positive as well as negative changes in medical sciences. The good age-old doctor-patient relationship is in doldrums. The communication skills have almost been forgotten. Commercialization is the obvious agenda especially with the development of corporate culture in the health sector. The concept of privatization has added fuel to the fire. The patient who are willing to pay, feel that the life can also be purchased with money. This has resulted in soaring expectations. Because of all these, doctors are not only affected by medico-legal cases but many other legal problems arising out of other related issues of staff, instruments & infrastructure also. The Government is coming up with newer and newer laws and restrictions on medical fraternity and hospitals. We have experienced this on many occasions which prompted us along with some other colleagues & friends to form a medico-legal & ethics association.

In last few years we found various problems, which as a medical consultants / medico-legal experts, we are trying to solve single handedly. It was then, that we realized the need of a fleet of experts to work in co-ordination. The association has thus being formed to help you in preventing a disaster in your practice. We hope that we will succeed in achieving the aims and objects of guiding the medical practitioners in their difficult times. The various membership benefits include:

- 1) Personal / individual professional indemnity cover of Rs.1 lac (Amount and terms decided by Executive Board) for up to five years is included (for cases after becoming member) in life membership fee.
- 2) Hospital insurance at concessional rate (as compared to other insurance / risk management companies).
- 3) Free medico-legal guidance in hours of crisis.
- 4) Services of crisis management committee at the city / district level.
- 5) Free expert opinion if there are cases in court of law.
- 6) Services of legal experts at concessional rates (wherever available).
- 7) Participation in academic activities related to medico-legal issues.

All this can't be achieved without the help of dedicated, hard working and sincere members of the association. Hence, we would like you to become the member of this association. We hope that with active & enthusiastic members like you, our association will attain greater heights as we progress further. Please send your constructive criticism, suggestions, and programs for the future.

Yours truly,

Team IMLEA

**INDIAN MEDICO-LEGAL & ETHICS ASSOCIATION
LIFE MEMBERSHIP FORM**

Photo

Name of the applicant: _____
(Surname) (First name) (Middle name)

Date of Birth : _____ Sex : _____

Address for Correspondence: _____

Telephone No.s:- Resi. : _____ Hosp. : _____
Mobile : _____ other : _____
Fax : _____ E-mail : _____

Name of the Council (MCI/Dental/Homeopathy/Ayurved /Other) : _____

Registration No.: _____ Date of Reg. : _____

| Medical / Legal Qualification | University | Year of Passing |
|-------------------------------|------------|-----------------|
| | | |
| | | |
| | | |

Name, membership No. & signature of proposer : _____

Name, membership No. & signature of seconder : _____

A) Experience in legal field (if any) : _____

B) Was / Is there any med-legal case against you /your Hospital : Yes / No

If, Yes (Give details) : _____

(Attach separate sheet if required)

C) Do you have a Professional Indemnity Policy : Yes / No

Name of the Company : _____

Amount : _____

D) Do you have Hospital Insurance : Yes / No

Name of the Company : _____

Amount : _____

E) Do you have Risk Management Policy : Yes / No

Name of the Company : _____

Amount : _____

F) Is your relative / friend practicing Law : Yes / No

If Yes, Name : _____

Qualification : _____ Place of Practice : _____

Specialized field of practice (Civil/ Criminal/ Consumer / I-Tax, etc) : _____

G) Any other information you would like to share: Yes / No (If Yes, please attach the details)

I hereby declare that above information is correct. I shall be responsible for any incorrect / fraudulent declarations.

Place : _____

Date : _____

(signature of applicant)

Enclosures: True Copy of Degree, Council Registration Certificate & photograph.

Life Membership fee (individual Rs.3500/-, couple Rs.6000/-) by CBS (At Par, Multicity Cheque), in name of **Indian Medico-legal & Ethics Association (IMLEA)** payable at Amravati. Send to Dr. Satish Tiwari, Yashoda Nagar No.2, Amravati-444606, Maharashtra. Ph No. 0721-2541252, 08483987566