

# INDIAN MEDICO-LEGAL & ETHICS ASSOCIATION

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

Website - [www.imlea-india.org](http://www.imlea-india.org) , e mail - [drsatishtiwari@gmail.com](mailto:drsatishtiwari@gmail.com)

Photo

## LIFE MEMBERSHIP FORM

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) or DD, in the name of Indian Medico-legal & Ethics Association (IMLEA) payable at Amravati. Send to Dr.Satish Tiwari, Yashodanagar No.2, Amravati-444606, Maharashtra.