



INDIAN MEDICAL ASSOCIATION
SUB-COMMITTEE ON PUBLIC HEALTH
30th ANNIVERSARY (1934-1964)

Name _____
Address _____
City _____
State _____
Pin _____

Registration No. _____
Date of Birth _____
Sex _____
Religion _____
Occupation _____

Signature _____
Date _____

Signature _____
Date _____

Signature _____
Date _____

Signature _____
Date _____

Signature _____
Date _____

Signature _____
Date _____

Signature _____
Date _____



1. The undersigned hereby certifies that the above mentioned person is a member of the Indian Medical Association and is entitled to the benefits of membership.

Signature _____
Date _____