



QPMPA
Qualified Private Medical Practitioners' Association
Professional Membership Application Form

Paste a
Passport size
Photo here

Dear Doctor,

I / We am / are (a) registered Medical Practitioner(s) and would like to enrol as **Professional Life / Annual – Single / Couple Member(s)** of QPMPA. I / We am / are sending herewith a sum of Rs.:
(Rupees.....) by Cash / DD / Cheque No.
Dtd.:ofBank.
I / We hereby affirm that I / we shall abide by the rules and regulations of the Association and shall be with the Association in all its decisions and endeavours to achieve its aims. *(Couple members to submit two forms.)*

1. Full name in CAPITAL LETTERS:

2. Permanent address:

3. Present (Mailing) address:

4. Phone No. with STD Code – Hospital:

Res.:

Mob:

E-mail:

Website:

5. Academic Qualification(s):

6. Age and date of birth:

7. Name of the College, University and year of passing MBBS:

8. Name of the Medical Council & MC Reg. No.:

9. No. of years served as Private Medical Practitioner:

10. Professional Association(s) you are a member:

Yours sincerely,

Station:

Date:

Signature & Name:

Mail to: QPMPA, Floor V, Vallamattam Estate, Ravipuram, MG Road, Kochi 682015 Ph. (0484) 2383287

Cheque / DD be drawn in favour of **“QPMPA”** and made payable at **“Ernakulam”**.

Note: Paste a passport size photo in the space provided and pin another to the application for your ID card.

(PTO)

Professional Membership Fees

	Annual	Life		Annual	Life
Single Member:	Rs. 1,000	Rs. 10,000	Couple Members:	Rs. 1,500	Rs. 15,000

For Local Branch Office use only

Application No..... Date of receipt

Received Rs. as Cash / Cheque / DD, the Membership fees in full for Professional Life / Annual – Single / Couple Membership. Forwarded to State Office on with State Office share of Membership Fees – Rs. (Rupees) as Cash / Cheque / DD No. *dtd.*


(Local Branch Office seal)

Hony. Branch Secretary,
..... Local Branch of QPMPA

Attn. Local Branch Secretary:

The Local Branch shall keep a copy of this form and forward the Original to State Office with photos and 75% of the fees cited.

For State Branch Office use only

Application No. Date of receipt

Received Rs. as Cash / Cheque / DD, the Membership fees in full for Professional Life / Annual – Single / Couple Membership. Forwarded to Central Office on with Central Office share of Membership Fees – Rs. (Rupees) as Cash / Cheque / DD No. *dtd.*


(State Branch Office seal)

Hony. State Secretary,
..... State Branch of QPMPA

Attn. State Branch Secretary:

The State Branch shall keep a copy of this form and forward the Original to National Office with photos and 57.5% of the fees cited if received through a Local Branch or 65% if there is no Local Branch.

For Central Office use only

Application No. Date of receipt

Received Rs. as Cash / Cheque / DD the Central Office share of Membership Fees.

Professional Life / Annual – Single / Couple Membership — **Given / Not given.**

Membership No. **ASM / ACM / LSM / LCM** Date:


(QPMPA Office seal)

National Secretary, QPMPA

Attn. National Secretary:

The Central Office after **Giving / Not giving** the membership shall keep the original. Send a copy each to the State / Local Branches as required. Send a copy with membership certificate and photo ID card to the member directly.



QPMPA

Qualified Private Medical Practitioners' Association
An Association of Modern Medicine Doctors and Hospitals in Private Sector

Institution Membership Application

Paste
1 Passport size
Photo of person
attending
QPMPA
meetings.

Dear Sir,

We would like to enrol as **Type 1 / 2 / 3 / 4 Institution – Life / Annual Member** of QPMPA . We are sending herewith a sum of Rs.: (Rupees) as Cash / DD /
Cheque No. Dt.:of Bank. We hereby af-
firm that we shall abide by the rules and regulations of the Association and shall be with the Association in all its decisions
and endeavours to achieve its aims. We are giving below the full particulars about the Clinic / Hospital / Nursing Home.

1. Full name of the Institution:

Address with Pincode:

2. Short name of Institution if any:

3. Name of contact person(s) with Official title:

4. Phone/Fax/Mobile No(s):

5. Email ID:

6. Website URL:

7. Year established:

8. Registration No. if any:

9. Total No. of Beds — Paid + Free =

10. Facilities available:

1. Outpatient -	Yes/No	2. Inpatient -	Yes/No	3. Pharmacy -	Yes/No
4. Laboratory -	Yes/No	5. X-ray -	Yes/No	6. E. C. G. -	Yes/No
7. Labour Room -	Yes/No	8. Operation Theatre -	Yes/No	9. I. C. C. U. -	Yes/No
10. Ultra Sound Scan -	Yes/No	11. C.T. Scan -	Yes/No	12. M.R.I. Scan -	Yes/No
13. Mortuary -	Yes/No	14. Ambulance -	Yes/No	15. Others if any -	Yes/No

11. Details of Specialities available: (Use additional sheet.)

12. Number of Employees:

Total Nos. =

1. Doctors -	Nos.	2. Registered Nurses -	Nos.	3. Reg. Pharmacists -	Nos.
4. Lab. Technicians -	Nos.	5. X-ray Technicians -	Nos.	6. Unqualified Staff -	Nos.
7. Unqualified Staff -	Nos.	8. Last Grade Employees -	Nos.	9. Others if any -	Nos.

13. Name, Address & Ph. No. of person attending QPMPA meetings:

Yours sincerely,

Station:

Date:

Signature & Name of person authorised:

Mail to: **QPMPA, Floor V, Vallamattam Estate, Ravipuram, MG Road, Kochi- 682015** Ph. 0484 2383287

Cheque/DD be drawn in favour of **"QPMPA"** and made payable at **"Ernakulam"**

Note: Paste a passport size photo of person attending QPMPA meetings in the space provided and pin another to the application for ID card..

(PTO)

Institution Membership Fees

	Type 1 OP+Up to 20 beds	Type 2 21 to 100 beds	Type 3 Above 100 beds	Type 4 Teaching Instit.
Annual:	Rs. 2,500	Rs. 5,000	Rs. 7,500	Rs. 10,000
Life:	Rs. 25,000	Rs. 50,000	Rs. 75,000	Rs. 100,000

For Local Branch Office use only

Application No..... Date of receipt.....

Received Rs. as Cash / Cheque / DD, the membership fees in full for Type 1, 2, 3, 4 – Life / Annual Institution Membership. Forwarded to State Office on with State Office share of Membership Fees in full — Rs. (Rupees) as Cash / Cheque / DD No. *dtd.*



(Local Branch Office seal)

Hony. Branch Secretary,
..... Local Branch of QPMPA

Attn. Local Branch Secretary:

The Local Branch shall keep a copy of this form and forward the Original to State Office with photos and 75% of the fees cited.

For State Branch Office use only

Application No..... Date of receipt.....

Received Rs. as Cash / Cheque / DD, the membership fees in full for Type 1, 2, 3, 4 – Life / Annual Institution Membership. Forwarded to Central Office on with Central Office share of Membership Fees — Rs. (Rupees) by Cash / Cheque / DD No. *dtd.*



(State Branch Office seal)

Hony. State Secretary,
..... State Branch of QPMPA

Attn. State Branch Secretary:

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For Central Office use only

Application No..... Date of receipt.....

Received Rs. as Cash / Cheque / DD as Central Office share of Membership Fees. Type 1, 2, 3, 4 – Life / Annual Institution Membership **Given / Not given.**

Membership No. **Type** **LIM / AIM** Date:



(QPMPA Office seal)

National Secretary, QPMPA

Attn. National Secretary:

The Central Office after **Giving / Not giving** membership shall keep the original. Send a copy each to the State / Local Branches as required. Send a copy with membership certificate and photo ID card to the member directly.