

I.M.A., U.A. STATE BRANCH

Monthly Activity Report Proforma for Local Branches

Form-A

Local Branch.....under U.A. State Branch

Tele No. (If any)..... Std. Code..... Fax No. (If any).....

Monthly Membership & Activity (MMA) Report for the month of

President's details..... Secretary's details

Name: Dr Name: Dr.....

Address Address.....

Tel. ResClinic..... Tel. Resi.Clinic.....

Fax NoFax No...

MEMBERSHIP DETAILS:

	Annual Members		life Members		Total
	Single	Couple	Single	Couple	
Existing Membership at the start of the month under reporting					
Members enrolled during the month					
Members dropped during the month					
Total Membership at end of the month					

A.Brief Report of Scientific meetings.

B.Summary of administrative meetings.

C.Sociocultural Activities conducted.

D.Community Service Activities Conducted.

E. Any Other Detail.

FOR OFFICE USE ONLY

Signature of Br. Secretary

Use Plain Paper for Further Details