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DECEMBER 2025 - JANUARY 2026

## NATIONAL IMA HBI CONFERENCE

Hosted by IMA Karnataka State Branch,  
 Date: 28<sup>th</sup> & 29<sup>th</sup> March 2026, Time: 02.00 PM – 05.00 PM  
 Venue: Tumkur, Karnataka

### Highlights of the conference:

1. Launching of Hospital Administration Course
2. Launching of Digital Foundation Course
3. Launching of NABH Accreditation Training Course
4. IMA HBA Health Care Excellency Awards

### Topics Covered:

#### Session I: Great Debates

1. Medico Legal Triangle - Medicine on trial has Regulations, Replaced compassion with compliance
2. Consumer Protection Acts - Are we winning or losing
3. Health Insurance What is the win – win situation
4. Path Travelled in CEA Sofar
5. Violence against Doctors & Hospitals
6. Universal Health Coverage
7. Small & medium sized hospital and umbrella policy

#### Session II: Rapid Fire Reality

1. What is uncomfortable truth about trust in healthcare today that our generation needs to confront & change
2. As Doctors of the future, what is one traditional practice you will fiercely protect even if hospitals become fully digital
3. What is one bedside practice from your senior colleagues that Modern Hospital has overlooked and why less it remains essential today
4. If you could redesign one element of current medical training to prepare for a tech saturated future. What would you choose first?
5. Uniform Billing Format by BIS Boon or Bone
6. Medical Entrepreneurship Time to Redefine it?
7. Citizen Centered Healthcare Model & Universal Health Cover

#### Session III: Reality Check

1. Government Va Ground Truth - When Boardrooms metrics class with Bedside Realities

2. Digital Scaling in Hospital Friend or Foe
3. Talent, Turnover and Trust. The Hidden Cost of rapid expansion
4. PCPNDT should it be revisited
5. Floor Space Index – Where we stand now

#### Session IV: Insight Circle

1. Health Tourism
2. Triage in Emergency Rooms
3. Operating Theatre of the future AI enabled surgical care, safety & training

## HOSPITAL DATABASE A Diamond in the Golden Ring

Dear Colleagues,  
 New Year Greetings.

I am happy to communicate with you through this news bulletin for the first time in the New Year, which I sincerely hope will bring greater safety, strength, and prosperity to all of us. One of the foremost agendas I have been consistently pursuing is the creation of a comprehensive Database of Indian Private Hospitals with near-total national coverage. I am pleased to share that we have made significant progress in this regard—expanding our database from 6,000+ hospitals last year to over 31,000 hospitals today.

However, to achieve our larger goal, I earnestly request your support and active participation. Kindly assist us by sharing hospital lists from your respective Branch and State levels, so that by the end of 2026, we may collectively scale this database to one lakh hospitals.

Data is often compared to gold in every sector—but in healthcare, it is truly a diamond. It is vital and indispensable for meaningful engagement and effective deliberations with the Government and Insurance Companies.

I therefore request each one of you to make a sincere effort in this mission and help develop IMA HBI into a formidable and influential force in the healthcare ecosystem.

Thanking you for your continued cooperation and commitment.

- Dr. K.M. Abul Hasan



# Union Budget 2026 on Health Care

Signalling a decisive shift in policy priorities, healthcare emerged as a key driver of economic growth in the Union Budget 2026-27, with Finance Minister Nirmala Sitharaman announcing a series of measures aimed at strengthening access, affordability, **mental health infrastructure** and domestic capacity across the health and biopharma sectors.

The country's healthcare budget was hiked by 10% in the Union **Budget 2026** as compared to last year's Budget. Union Finance Minister Nirmala Sitharaman allocated ₹1,06,530.42 crore to the Ministry of Health and Family Welfare, with the government proposing a scheme to support states in establishing five regional medical hubs, **NIMHANS** and others

## Budget 2026 Highlights:

Sitharaman said five medical tourism hubs will be established in partnership with the private sector. These hospitals are Apollo, Max, **Fortis, Dr Lal Pathlabs**, and Metropolis.

"To give fillip to our commitment to mental health and trauma care, and to ease the financial burden of medical emergencies on families, particularly the poor and vulnerable, we are undertaking targeted interventions across institutions, infrastructure and workforce,

A major highlight of the healthcare announcements was the decision to establish NIMHANS 2.0, a national institute for mental healthcare in North India. Sitharaman noted that the region currently lacks a **premier** national mental health institution.

**NIMHANS 2.0, trauma care expansion** A major highlight of the healthcare announcements was the decision to establish NIMHANS 2.0, a national institute for mental healthcare in North India. Sitharaman noted that the region currently lacks a **premier** national mental health institution

"There are no national institutes for mental healthcare in North India. We will therefore set up a NIMHANS 2.0 and also upgrade National Mental Health Institutes in Ranchi and Tezpur as regional apex institutions," she said.

The government also announced a 50% expansion in emergency and trauma care capacity in district hospitals across the country through the establishment of dedicated emergency and trauma care centres, aimed at reducing out-of-pocket expenditure during medical emergencies.

## Cancer drug relief, rare disease support

In a move expected to provide immediate relief to patients, the Budget proposed a full exemption of basic customs duty on 17 cancer-related drugs and medicines. "To provide relief to patients, particularly those suffering from cancer, I propose to exempt basic customs duty on 17 drugs or special medical purposes imported for personal use.

"To provide relief to patients, particularly those suffering from cancer, I propose to exempt basic customs duty on 17 drugs or medicines,"

## Ayurveda, AYUSH and global outreach:

The Budget also placed renewed emphasis on traditional medicine, with the finance minister announcing the establishment of three new All India Institute of Ayurveda institutions to meet rising global demand for Ayurvedic healthcare.

Highlighting the post-pandemic acceptance of Ayurveda worldwide, Sitharaman said exports of high-quality Ayurvedic products could help boost farmer incomes through increased cultivation of medicinal herbs. She also proposed upgrades to AYUSH pharmacies, drug testing laboratories and the WHO Global Traditional Medicine Centre in Jamnagar to improve quality standards and availability of skilled personnel.

## Skilled health workforce, allied professionals

As part of a broader employment and skilling push, the government announced large-scale expansion of allied health education. Existing institutions for allied health professionals (AHPs) will be upgraded, while new AHP institutions will be established in both private and government sectors.

The initiative aims to add 1 lakh allied health professionals over the next five years across disciplines such as optometry, radiology, anaesthesia, OT technology, applied psychology and behavioural health. In addition, 1.5 lakh caregivers will be trained over the next year under NSQF-aligned programmes focused on geriatric care, wellness, yoga and the operation of medical assistive devices.

## Biopharma, long-term capacity building

Reinforcing the government's longer-term vision, the Budget outlined a strong push for the health and biopharma sector, with a focus on domestic manufacturing, advanced technology and capacity building. Healthcare,

Sitharaman said, is no longer just a social sector but a strategic pillar of economic growth.

Healthcare spending has seen a steady upward trajectory in recent years. In FY25, the government earmarked ₹99,859 crore for the health sector, up 10–11% from FY24. A significant portion of this was directed towards Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY), whose allocation rose to ₹9,406 crore in FY26 following expanded coverage for senior citizens, ASHA and Anganwadi workers, and gig workers.

Investment under the PM–Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) also increased sharply, reflecting a continued focus on strengthening primary, secondary and tertiary healthcare facilities, disease surveillance and pandemic preparedness.

Union Health Minister JP Nadda said, "Over the past 12 years, the budget for the health sector has increased by 176 percent. This year's allocation of over Rs 105,000 crore for the health sector is approximately 9% higher than last year's budget. This budget places a special focus on mental health, which is a welcome step. The upgradation of the central psychiatric institutions in Ranchi and Tezpur, and the announcement of the establishment of a new NIMHANS(National Institute of Mental Health and Neurosciences) in North India, are commendable."

Union Budget on Healthcare Rs. 1 Lakh Crores

S. No.	Department / Scheme	2025-26	2026-27
1	Department of Health & Family Welfare	₹37,100 crore	₹39,390 crore
2	Department of Health Research	₹21,901 crore	₹22,343 crore
3	Ayushman Bharat	₹8,995 crore	₹9,500 crore
4	New All India Institute of Ayurveda Institutions Scheme (AIIMS)	₹10,900 crore	₹11,307 crore
5	National Health Mission (NHM)	₹324 crore	₹350 crore
6	National Institute of Mental Health and Neuroscience	₹49 crore	₹51 crore




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## The MPs Meeting Held at the India Habitat Centre, Delhi on 16.12.2025

The meeting facilitated meaningful dialogue on key issues affecting the medical fraternity, including the need for a Central Law against violence on doctors, concerns related to the Consumer Protection Act, demand for a Medical Malpractice Act, PCPNDT Act issues, abolition of bond policy, and rationalisation of the Clinical Establishments Act.

Broader national concerns such as Mixopathy, PMJAY, FDI in healthcare, cashless insurance, health budgeting, and universal health coverage were also discussed.

Hon'ble MPs appreciated the inputs and assured due consideration at appropriate policy forums



## TURNING POINTS

### Book Released by IMA Hospital Board of India

The Book "The Turning Points from IMA HBI authored by Dr. K. M. Abul Hasan, Chairman, IMA Hospital Board of India, was formally released at Indian Medical Association NATCON 2025 held at Ahmedabad, marking a significant milestone in documenting the evolution of healthcare in India.



Through this work, Dr. Abul Hasan presents a comprehensive narrative tracing India's healthcare journey—from ancient systems of healing to contemporary digital health innovations—making it a valuable reference for medical professionals, policymakers, and healthcare administrators

## Insurance Amendment Bill- Cabinet approves 100% FDI in Indian Insurance firms

The Sabka Bima Sabki Raksha (Amendment of Insurance Laws) Bill, 2025 has been passed by Parliament on 17.12.2025. The bill amends three Acts related to Insurance sector, namely, The Insurance Act, 1938, The Life Insurance Corporation Act, 1956 and The Insurance Regulatory and Development Authority Act, 1999.

One of the key features of the bill is to allow up to 100% Foreign Direct Investment in Insurance Companies, opening doors to more foreign players to India. This will help in capital augmentation, adoption of advanced technology and bringing global best practices along with increasing employment opportunities. Increased competition would drive efficiency in products and services proving beneficial for the citizens.

Ease of Doing business is being promoted for intermediaries through the introduction of provision of one-time licensing and the provision of suspension of license rather than straight away cancellation.

For insurers, the limit of seeking prior regulatory approval for transfer of share capital has been raised from 1% to 5%, the Net Owned Fund requirement of Foreign Reinsurance Branches has been reduced from Rs 5,000 Crore to Rs 1,000 Crore. LIC has been provided autonomy to open Zonal offices in the country and to align its foreign offices with the laws and regulations of their respective jurisdiction.

To protect the interest of Policyholders, a dedicated fund, namely Policyholders' Education and Protection Fund will be set up to spread awareness about insurance. Policyholders' data would now be required to be collected and protected in alignment with DPDP Act 2023.

Regulatory governance is being strengthened by introducing standard operating procedure for regulation making and mandating the process consultative. IRDAI is being given the power to disgorge wrongful gains from insurers and intermediaries. Penalties are being rationalised and factors for imposition of penalties are being introduced.

The reforms are aimed at extending insurance coverage to people, households and enterprises, deepening insurance coverage, providing ease of doing business, improving regulatory oversight and governance. All these measures would lead to strengthening of Indian insurance sector to provide financial resilience to Indian economy.



# Personal Branding for Doctors- Building Trust, Identity, and Preference in Modern Healthcare

In today's highly connected and competitive healthcare ecosystem, clinical excellence alone is no longer sufficient for a doctor to stand out. Patients increasingly seek not only competence, but also trust, familiarity, and alignment with values. This is where personal branding for doctors becomes both relevant and powerful. Personal branding is not about self-promotion or artificial image-building; rather, it is about authentically communicating one's professional identity, values, and mission to the world.

## Understanding Personal Branding in Medical Practice

A doctor's personal brand is shaped by their unique merit, style of practice, approach to patient care, and the meaningful difference they bring to every consultation. At its core, personal branding is deeply connected to originality and core values. Originality builds trust, attracts attention, and fosters the right professional relationships. When a doctor stands up for a noble mission or consistently advocates a cause, that authenticity becomes deeply rooted in their professional identity. Unlike conventional marketing, a personal brand leaves a lasting impression. Every outreach activity—whether clinical, academic, digital, or social—reinforces a single, powerful message: what the doctor stands for and why they matter.

## Your Mission Is Your Brand

Personal branding is not about creating a façade; it is about living one's true self consciously and communicating it effectively. The mission of a doctor's life, reflected through daily professional activities, becomes the foundation of the brand. When doctors act consistently toward achieving their mission, they naturally inspire patients and peers alike, often motivating others to aspire to similar ideals.

The Eight Commandments of Personal Branding for Doctors

### 1. Be Known by Your Name

A doctor's name becomes their address in the professional world. When people remember your name, they remember your expertise, values, and practice. Consistent use of your name across platforms—clinics, websites, social media, and public engagements—helps establish a unified identity and lasting recall.

### 2. Be Both Well-Known and Preferred

There is a critical difference between being well-known and being preferred. Visibility may bring patients, but trust and delivery ensure loyalty. A truly successful personal brand bridges this gap by consistently delivering on promises, thereby converting familiarity into preference.

### 3. Feed Your Personas with Your Personality

Patients connect with doctors who feel real and relatable. Understanding patient personas—who they are, what they value, and why they seek you—helps align communication and care delivery. Sharing authentic insights from both online and offline interactions strengthens this connection and deepens trust.

### 4. Establish a Personal Connect

Time and attention remain the biggest expectations of patients. A strong personal connection built through attentive listening, empathy, and meaningful one-to-one interactions transforms patients into advocates. Small gestures of concern often create a significant impact on patient satisfaction and confidence.

### 5. Build a Patient Support Community

Personal branding should aim beyond follower counts to building communities. Doctors who guide, educate, and support patients beyond consultations—through support groups, online forums, or educational platforms—create long-term impact. Such communities amplify the brand organically through shared experiences and advocacy.

### 6. Remember: Individuals Outshine Institutions

Patients associate trust with individuals more than institutions. Even within large healthcare organizations, a doctor with a strong personal brand commands preference, credibility, and recall. An individual brand adds value to the institution while retaining its own independent strength.

### 7. Glow in Your Own Light

Comparison can dilute authenticity. Doctors must resist being overshadowed by peers or large brands and instead discover their own style and strengths. Every practitioner has a unique path; embracing it leads to clarity, confidence, and sustainable growth.

### 8. Be a Forerunner, Not a Chaser

Healthcare is evolving rapidly toward patient-centric models. Doctors who learn early, adapt quickly, and guide others become leaders in their domains. Being a forerunner means setting standards, shaping change, and becoming the go-to expert in one's area of practice.

## Conclusion

Personal branding for doctors is not an optional add-on; it is a natural extension of ethical practice, professional responsibility, and purposeful living. When built on authenticity, consistency, and patient-centric values, a personal brand strengthens trust, enhances preference, and creates a meaningful legacy in healthcare. Ultimately, patients do not just choose doctors—they choose people they believe in.

## 8 STEPS FOR PERSONAL BRANDING



Note: Utmost sincerity and honesty is required in building your brand. Helping people genuinely should be the objective, by doing so people will help your organisation brand.



## What Is a Smart Hospital?

A smart hospital leverages data and technology to enhance healthcare professionals' and hospital management's existing tasks, such as tracking bed occupancy, monitoring vital signs, and analyzing radiology images.

### How Does a Smart Hospital Differ From a Traditional One?

Hospitals generate and digitize vast amounts of data, opening opportunities for advanced analytics and AI. Instead of paper records, patient histories, lab results, and immunizations are stored electronically, creating Electronic Health Records (EHRs). Digital imaging tools like CT and MRI scanners, along with PACS software, replace analog radiology equipment. Sensors in patient rooms also and operating theatres collect continuous data streams for real-time and retrospective analysis.

As hospitals adopt these digital tools, they transition into smart hospitals—facilities that not only gather data but analyze it to generate timely, valuable insights. For example, natural language processing can quickly extract information from complex pathology reports for cancer treatment support; data science can optimize emergency room wait times; AI-powered robots assist in surgeries; and video analytics detect low sanitizer supplies, patient fall risks, or the need for attention.

## Benefits of a Smart Hospital

Smart hospital technology offers numerous advantages for healthcare systems, providers, and patients:

• **Healthcare Providers:** Data helps optimize resource use, improving operational efficiency and patient-centered care. Sensors support patient monitoring alone, AI assists in prioritizing cases based on severity, and telehealth expands care beyond hospital visits.

• **Clinicians:** These tools free healthcare professionals from routine tasks like note-taking, anatomical segmentation, and medical coding. AI can provide decision support, second opinions, or triage guidance based on patient data.

• **Patients:** Smart technology aims to deliver consistent, high-quality care globally and anytime. By automating time-consuming tasks and monitoring patterns, clinicians can focus more on patient interactions, enhancing the overall experience.

## Implementing a Smart Hospital

Creating a smart hospital involves a coordinated ecosystem of hardware and software integrated into clinical workflows. All applications, devices, sensors, and AI models must share data across the facility.

Think of the hospital as an octopus: its central server is the head, storing and processing data, while each tentacle—the departments like ER, ICU, operating room, and radiology—are equipped with sensors that gather environmental data.

If each tentacle operated independently, the octopus couldn't respond swiftly based on comprehensive information. Instead, data from all tentacles is relayed to the central brain, enabling flexible, timely responses.

Similarly, a smart hospital uses a hub-and-spoke model, with sensors across the hospital relaying critical insights to a central system. For example, AI analyzing camera feeds may notify recovery staff when a surgery nears completion, preparing them for patient's arrival.

## HOSPITAL PLANNING ROOM SIZES & FACILITIES



### GENERAL ROOM SIZES

- Most standards for functional hospital design
- Most hospital room 50–250 sq ft
- Rooms larger than 200 sft add little functionality



### OPD & EXAMINATION

- OPD chamber: 120 sq ft (10' x 112')
- Ward exam room: 96–120 sft, with 2.5t clearance around tables



### PATIENT ROOMS

- Single bed: 100–120 sq ft ft (12' x 13')
- Isolation/Deluxe: 194–215 sq ft, 2-bed = 2 669 sft
- Toilets: 2.5–4 sq m<sup>2</sup>, disabled toilet = 5 m



### CRITICAL CARE

- ICU bed: 130 sft
- NICU bassinet: 107–118 sq ft



### OPERATION THEATRES

- Minor OT: 20–25 m<sup>2</sup>
- Major OT: 18' x 18' N/ 20' x 20'–1)
- POP room: 110–120 sq ft (2 beds)



### SPECIAL FACILITIES

- LDR suite: 200–340 sft, 40 sf infant resuscitation area
- Dental OPD: 22' x 13' 12 chairs)
- Ultrasound: 120 sq ft, 3 ft clearance around couch
- Radiotherapy: Cobalt, 450 sft, LINAC: 680 sft
- Dialysis RO plant: 10' x 8'



### SUPPORT AREAS

- Corridors: 8 ft in wards, 5 ft
- Counselling room: 100 sft
- Utility rooms: 107–130 sft

### LIFTS

- Bed lift cage 2280 x 1600 x 2300 mm
- Door opening 1300 x 2100 mm



# Memorandum of Understanding (MoU) with Quality Council of India (QCI) Conducting Gunvatta Yatra Programs for NABH Accreditation and Entry Level Certification for IMA Member HCOs, SHCOs and Allopathic Clinics

## IMA HBI Launches NABH Accreditation Training Programme.

Dear Doctors,

Indian Medical Association has always been at the forefront of promoting excellence in healthcare. We always prioritize quality and safety of patients in our practices. By doing so, we can ensure that our patients receive the best possible care.

It is essential that patient safety and quality protocols are properly implemented and monitored in our organizations to take this further, I am pleased to inform that Indian Medical Association, New Delhi, has signed an MoU with Quality Council of India (QCI) for conducting Gunvatta Yatra awareness programs for NABH Accreditation and Entry Level Certification for IMA members across the country specifically HCOs, SHCOs, and allopathic clinics to onboard them on the Quality journey and improve Healthcare services in the country, leading the nation to achieve Viksit Bharat @2047 Mission.

The Gunvatta Yatra, an initiative of the Quality Council of India (QCI), aims to promote a culture of Quality in the healthcare sector, with a special focus on underserved regions, including Tier 2 and Tier 3 cities. The initiative seeks to bridge gaps in healthcare delivery, build support ecosystems, and foster collaboration, thereby contributing to the vision of ensuring Quality healthcare across India.

The purpose of this MOU is to formalize the collaboration between IMA and QCI in organizing awareness Programs - including capacity-building activities - focused on NABH Accreditation, Certification, and Empanelment for its members. These include healthcare organizations (HCOs) and small healthcare organizations (SHCOs), with a particular focus on small and mid-sized healthcare organizations across India.



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Affiliation Fee (One Time):- Please ADD the GST amount (as applicable as per Govt. rule) in the 'Total Fee'.

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0-25	₹ 2500	₹ 1000	₹ 1000	₹ 5000
26-50	₹ 3750	₹ 2250	₹ 1500	₹ 7500
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101-200	₹ 7500	₹ 4500	₹ 3000	₹ 15000
> 200 Beds	₹ 17500	₹ 10500	₹ 7000	₹ 35000

**Please Note:** - 1) Please add in 'Total Fee', collect & pay the GST amount (as applicable as per Govt. rule) & send the GST challan along with this application form. 2) Affiliation application form must be sent through IMA local branch only. 3) Please attach true copies of i) Regi. Certificate Under State Nursing Home Act, ii) IMA Life Membership Certificates of Doctors Who Are IMA Members & iii) State Medical Council Regi. Certificates of All Doctors. 4) In case the local branch HBI subchapter or state chapter does not exist, the clinical establishment should pay through the local IMA branch and state IMA branch. Affiliation of minimum 15 hospitals to form a local subchapter and 50 hospitals to form a state chapter is necessary. 5) Please attach an additional sheet, if necessary.