



## AFFIDAVIT

I ..... here by state that, the facts furnished above relating to me are true to my knowledge and belief and I declare that I am in sound state of health and mind. I am a current member of IMA ..... branch. I further agree to abide by the rules and regulations of the scheme amenable to amendment from time to time when need arises.

Details of Payment: Cheque / DD Amount ..... No..... Date:.....  
 Name of Bank..... Branch.....

Date of application:

Signature of the applicant

**Certificate from Branch President / Secretary**

I, Dr. .... President / Secretary of IMA ..... Branch, do hereby certify that Dr..... is a current life / annual member of this branch of IMA.

Date: ..... Seal ..... Signature .....

### Sailient features of Health Scheme

1. Benifit of the Scheme shall be available only to the member and his spouse provided they pay the member ship subscriptions (4+5+6) in the due time.
2. Only bills above Rs. 5000/- is repayable and the maximum amount that can be reimbursed in a membership year is Rs. 100,000/- as per conditions ( see bye-laws)
3. Only member upto the age of 55 yrs will be admitted to the scheme. Age is calculated on the date of Receipt of cheque / DD (subject to encashment)
4. Admission fees

		Member	Spouse
a) For members below 35 years of age	Rs. 750.00		
b) For members below 45 years but above 35 years	Rs. 1250.00		
c) For members below 55 years but above 45 years	Rs. 1750.00		
5. Advance financial assistance contribution ( AFAC)	Rs. 1500.00		
6. Annual membership subscription ( AMS)	Rs. 200.00		
	<b>Total</b>		

Total Rs. - below 35 yrs: 2450/-; 35 - 45yrs: 2950/-; 45-55 yrs: 3450/-

### Send application along with the following documents to:

- 1) DD / Cheque **payable at Edappal** drawn in favour of **“IMA Kerala Health Scheme”**  
 Total of 4+5+6 (Rs. 40/- for out station Cheques)

### Pay for member and spouse if couple membership is applied for

- 2) Application form filled & signed
- 3) Copies of age proof (attested by brnach secretary/president)
- 4) Copy of life membership certificate. (only if your are a life member )

**Dr. A.I. Kamarudheen**, Ambalath, P.O. Angadi, Kumaranellur,  
 Palakkad Dist., Kerala - 679552,  
 Phone : (0466) 2276737 (O) Mob : 9539332426 (O), 9447878447 (P)  
 2276105 (R) E-mail: imaksbhs@gmail.com

### For Office Use Only

Date of Application: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Date of Receiving : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Date of enrolment : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Receipt Number : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Enrolment No. : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Date : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
VERIFICATION REPORT FROM IMA STATE HEADQUARTERS	<input type="checkbox"/> Life <input type="checkbox"/> Annul <input type="checkbox"/> Non-Member
Health Card Sent on <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Cheque /DD encashed : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Re-paid

*Signature*

Secretary, IMA Kerala Health Scheme