



**INDIAN MEDICAL ASSOCIATION
KERALA STATE BRANCH
SOCIAL SECURITY SCHEME**

E. No.
R. No.
Date :

APPLICATION FORM

(READ THE INSTRUCTIONS GIVEN OVERLEAF. INCOMPLETE APPLICATION FORM WILL BE RETURNED) PLEASE USE CAPITAL LETTERS.

1. Name

Permanent Address

District PIN

Phone No. Mob:

2. Father's Name

3. Name of Spouse

4. Age Date of Birth

5. Qualification Year of Passing MBBS

College

University

6. Registration No. Year of Medical Registration

7. Name of Medical Council

8. Date of Joining of IMA P.P. Scheme Membership No.

9. IMA Life Membership Number

10. Name of local branch

11. Document enclosed to prove Age

12. Correspondence address

District PIN

Phone No. Mob:

E-mail:

13. Name of the Nominee (s) & relationship

14. Signature of the Nominee (s):

DECLARATION

I, Dr..... Aged..... Years, Annual/Life Member of IMA-KSB through..... local branch do hereby declare that I will implicitly abide by the Rules and Bye-laws of social security scheme in force, as amendend from time to time. I declare that I am not suffering from any terminal illness. I hereby declare that I am a current member of IMA..... (branch) and that I am having continuous membership in IMA since the year

Enclosed herewith D.D./Cheque for Rs. of which Rs. being the admission fee (payable as per the age on admission) plus Rs. 300/- towards the annual subscription. I understand that my enrolment to the scheme will be effective only after the realisation of the cheque/DD and issue of policy document.

I do hereby declare that the above statements are true and that I have withheld no information whatsoever regarding the application and I agree to pay the amount demanded as per the constitution of this scheme. I will abide by all the future amendments of the bye-law of the scheme.

Details of payment : Cash Cheque D.D. Core Banking

Cheque / D.D. No..... Bank :

Date of Application : Signature of the Applicant

NAME OF THE PROMOTER

Certificate from the Branch Secretary

I, Dr..... Secretary, IMA..... branch do hereby certify that Dr..... is a current Annual /Life member of IMA..... Branch and that he/she is having continuous membership in IMA since (year)

Signature
Secretary, Local IMA Branch.

Date (Branch Seal)

MEMBERSHIP FEES

- I Ordinary Membership**
- A. Admission Fee :**
1. Members below the age of 30 years Rs. 1000
 2. 30years & above but below 40 years Rs. 1500
 3. 40years & above but below 45 years Rs. 2000
 4. 45years & above but below 50 years Rs.2500
 5. 50years & above but below 55 years Rs.3000
- Admission fee once paid will not be refunded.
- B. Annual Subscription : Rs. 300/-**
- Total to be paid at time of admission : A + B**

- II. Life Membership :**
- Only Life members of IMA are eligible. One time non-refundable payment of Rs. 60,000/-.
- NB:-
1. Demand Draft payable at Koyilandy are preferred.
 2. For outstation Cheques / D.D please add. Rs. 40/- extra towards Bank charges.
 3. Cheques or Demand Drafts are to be drawn in favour of 'Social Security Scheme, IMA, Kerala State Branch'

- III. Eligibility of membership**
- Any member of Kerala State Branch of IMA below the age of 55 years on the day of joining is eligible to become a member of this Scheme. **Provided-**
1. A member aged 50 years and above but below the age of 55 years has a continuous membership of Kerala State Branch of IMA for a minimum of 5 years on the day of joining the Scheme.
 2. A member aged 40 years and above but below the age of 50 years has a continuous membership of Kerala State Branch of IMA for a minimum of 2 years on the day of joining the Scheme.
 3. For a member below the age of 40 years continuous of membership in IMA is not mandatory
- In addition to the above criteria, to be eligible for life membership one has to be a life member of IMA at the time of joining the Scheme.**
- IV. Future yearly payments (for ordinary member) falls due in February.**
1. Annual subscription Rs. 300/-
 2. Fraternity Contribution Rs. 200/- per death subjected to a maximum of 25 deaths in a year as per the dues notice which will be sent during the second fortnight of January.
 3. An annual IMA member has to renew the IMA membership every year in time, to safeguard his/her S.S. Scheme rights.

Completed pro-forma with necessary documents* and the required payments * are to be sent to :-

- * 1. Age proving document.
2. IMA Life Membership Certificate.
(If you are applying for the Life Membership of the Scheme)
- Phone : 0496-2620632, 2211317 (R), 0496-2621954 (O)
Mobile : 9446956062
E-mail : drbalanarayanan@yahoo.com

Dr. O.K.BALANARAYANAN
Hony. Secretary :
S.S. SCHEME, IMA, KSB.
'Prasannam', Kothamangalam,
Koyilandy- 673305, Kozhikode (Dist.)

For Office Use Only

Date of application :

 VERIFICATION REPORT FROM IMA STATE HEAD QUARTERS

Date of receiving :

 Life Annual Non- Member

Date of enrolment :

Receipt number :

 Date :

Policy sent on :

Signature
Secretary, SSS, IMA, KSB