SOCIAL SECURITY SCHEME II

IMA KERALA STATE BRANCH

APPLICATION FORM

E. No.

R. No.

Date:

(Read the instructions overleaf. Please use CAPITAL LETTERS. Incomplete application forms will be retuned)

1. Name: D r Sex M F
2. Age: Date of birth: Document for poof
3. Name of father:
4. Name of Spouse:
5. Permanent address:
   District: PIN:
   Phone No.: Mob: + 9 1
6. Correspondence address:
   District: PIN:
   Phone No.: Mob: + 9 1
   E-mail:
7. Qualifications: Year of passing MBBS:
   College
   University
8. Registration No. Year of Medical Registration
9. Name of Medical Council
10. Date of joining IMA:
11. Name of local branch
12. IMA Life Membership No. K R L /
13. P.P. Scheme No. S.S. Scheme 1 No:
14. Name of the nominee(s): Relationship Nominees' Signature

DECLARATION

I, Dr. …… aged …… years, Life member of IMA, do hereby declare that I will implicitly abide by the Rules and Bye-laws of Social Security Scheme II in force, as amended from time to time. **I declare that I am not suffering from any terminal illness.** I declare that I am a Current member of IMA ……..……. branch and that I am having continuous membership in IMA since the year …… .

Enclosed herewith DD/Cheque/Chalan/NEFT Receipt for Rs. ……. I understand that my enrolment to the scheme will be effective only after realization of the DD/Cheque and issue of policy document. I do declare that the above statements are true and that I have not withheld any information whatsoever regarding the application. I agree to pay in future the amount demanded as per the constitution of the scheme.

Payment by: DD ☐ Cheque ☐ Core banking ☐ NEFT ☐

DD/Cheque No. …..…….. date ……. Bank & Branch …….....……

Date of application ……..

Name of the promoter ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Signature of the applicant

Certificate from the Branch Secretary / President

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

Date …… (Branch seal) Signature of IMA Branch Secretary/President

I Membership

A. Admission fee:

1. Member below the age of 30 years Rs. 3,000
2. 30 years & above but below 35 years Rs. 3,500
3. 35 years & above but below 40 years Rs. 4,000
4. 40 years & above but below 45 years Rs. 5,000
5. 45 years & above but below 50 years Rs. 7,000
6. 50 years & above but below 55 years Rs. 10,000
7. 55 years & above but below 60 years Rs. 15,000

Admission fee once paid will not be refunded

B. Annual Subscription Rs. 500

Total amount payable at admission: A + B

II Eligibility of membership

Any life member of IMA Kerala State Branch below the age of 60 years on the day of joining, provided he/she has a continuous membership in IMA Kerala State for a minimum period given below:

1. 55 years & above but below 60 years – 5 years
2. 45 years & above but below 55 years – 3 years
3. Below 45 years, period is not mandatory

III Future yearly payments for 25 years only with last date on **30th September** and a fine of **Rs. 100/-** per month thereafter.

1. Annual subscription **Rs. 500/-**
2. Fraternity contribution **Rs. 300/- per death**

IV Fraternity benefit will be paid only if the member has **completed 1 year** from the date of joining the scheme

DD/Cheque drawn in favour of **'Social Security Scheme II, IMA Kerala State Branch** and payable at **Kozhikode**.

Self attested copies of documents to be attached:

1. Age proving document

2. IMA Life Member Certificate

Send completed proforma, and payments to:

Dr. K.V. Prabhakaran,
Hon. Secretary, SSS, IMA KSB,
IMA Hall Complex. IMA Hall Road,
Kozhikode – 673011
Phone: Office: 0495 2766715; 9446096318
Personal: 9447424878
E-mail: sssimaksb@gmail.com

For Office use only

Date of application ☐☐ ☐☐ ☐☐☐☐

Date of receiving ☐☐ ☐☐ ☐☐☐☐

Date of enrolment ☐☐ ☐☐ ☐☐☐☐

Receipt No. ☐☐☐☐☐☐

Dated ☐☐ ☐☐ ☐☐☐☐

Policy sent on ☐☐ ☐☐ ☐☐☐☐

Verification from IMA HQ

☐ Life ☐ Annual ☐ Non-Member

Signature Secretary SSS IMA KSB