



SOCIAL SECURITY SCHEME

IMA KERALA STATE BRANCH

APPLICATION FORM

E. No.

R. No.

Date:

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

1. Name: 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.

13. P.P. Scheme No.

14. Name of the nominee(s): Relationship Nominees' Signature

DECLARATION

I, Dr. aged years, Annual/Life member of IMA, do hereby declare that I will implicitly abide by the Rules and Bye-laws of Social Security Scheme 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 current Annual/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 Ordinary Membership

A. Admission fee:

- | | |
|--|-----------|
| 1. Member below the age of 30 years | Rs. 1,000 |
| 2. 30 years & above but below 40 years | Rs. 1,500 |
| 3. 40 years & above but below 45 years | Rs. 2,000 |
| 4. 45 years & above but below 50 years | Rs. 2,500 |
| 5. 50 years & above but below 55 years | Rs. 3,000 |

Admission fee once paid will not be refunded

B. Annual Subscription Rs. 300

Total amount payable at admission: A + B

II Life Membership

Only Life members of IMA are eligible. One time Non-refundable payment of Rs. 75,000

III Eligibility of membership

Any member of IMA Kerala State Branch below the age of 55 years on the day of joining, provided he/she has a continuous membership in IMA Kerala State for a minimum period given below:

1. 50 years & above but below 55 years – 5 years
2. 40 years & above but below 50 years – 2 years
3. Below 40 years, period is not mandatory

Additionally, for life membership in the scheme, life membership in IMA at the time of joining is mandatory

IV Future yearly payments (for 20 years only) for ordinary members with last date on **28th February** and a fine of **Rs. 25/-** per month thereafter.

1. Annual subscription **Rs. 300/-**
2. Fraternity contribution **Rs. 200/- per death**, subject to maximum **35 deaths per year**.

V Annual IMA members has to renew the membership yearly in time, to safe guard the SS Scheme rights.

VI 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, 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 for Life membership in the scheme**

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