

HOSPITAL PROTECTION SCHEME OF IMA
KERALA STATE BRANCH

APPLICATION FORM

1. Name of the Hospital :
2. Full Address :
(with PIN code No.)
3. Telephone No.(s) :
4. Whether Partnership, Limited Co.,
or Individually owned. :
5. If individually owned
Name of the individual :
6. Name of Doctors working :
(including R.M.O)
7. Details of the Doctors working
- | | <u>Name</u> | <u>Qualification</u> | <u>Speciality</u> | <u>PPS No.</u> | <u>Branch Name</u> |
|-----|-------------|----------------------|-------------------|----------------|--------------------|
| (a) | | | | | |
| (b) | | | | | |
| (c) | | | | | |
| (d) | | | | | |
| (e) | | | | | |
| (f) | | | | | |
| (g) | | | | | |
| (h) | | | | | |
8. Name of the nearest IMA Branch :
9. Whether Hospital is Licensed for
doing M.T.P and if so,
the Order No. & Date :
10. Whether Hospital is insured with
any other Insurance Co.
and if so. the details :
11. Name of the Doctors who are not
IMA members
- (a)
- (b)
- (c)
- (d)

12. Name of the Doctors who are not PPS members :

- (a)
- (b)
- (c)
- (d)

13. Bed strength of the Hospital :
(including ICU, ICCU,
Neo-natal units etc....)

14. Category of Membership applied :

15. Details of Payment :

For Payment options Please Contact :
Email ID: ppsimaksb@gmail.com Mob: 9287 274 896

Date:

Signature
Superintendent / Administrator

DECLARATION
I do hereby declare that the details furnished above are true and correct and will abide all the Rules & Bye-Laws of the Hospital Protection of IMA Kerala State.

Date:

Signature
Superintendent / Administrator

- SCRUTINISED BY:**
- 1. Name of the district representative
of the Hospital Protection Scheme :
 - 2. Verification Details :
 - 3. Signature :

(The district representative has to verify the details furnished by the Hospital in the application form and forward application only if they are true and correct.

MEMBERSHIP FEE	BED STRENGTH	MEMBERSHIP FEE	ADDITIONAL FEE(20%)	TOTAL
CATEGORY A	0-10	5000	1000	6000
CATEGORY B	11-25	10000	2000	12000
CATEGORY C	26-50	15000	3000	18000
CATEGORY D	51-100	25000	5000	30000
CATEGORY E	101-150	30000	6000	36000
CATEGORY F	151-200	35000	7000	42000
CATEGORY G	201-300	40000	8000	48000
CATEGORY H	301-500	50000	10000	60000
CATEGORY I	Above 500	75000	15000	90000

Dr. Cyriac Thomas Hon. Secretary PP Scheme of IMA KSB IMA Periyar House, 3rd Floor, Door No: 15/168 B7 Cubicle No: 5, East Desom, Aluva Ernakulam – 683 102	Email id: ppsimaksb@gmail.com Mob: 9287274922 Mob: 9287274896(WhatsApp) Secretary:8111 916 263
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