



PENSION SCHEME IMA KERALA STATE
INDIAN MEDICAL ASSOCIATION
KERALA STATE BRANCH

E. No.
R. No.
Date :

APPLICATION FORM

(Read the Instructions given overleaf, Incomplete application form will be returned)
Please use CAPITAL LETTERS.

1. Name	<input type="text"/>	
2. Permanent Address	<input type="text"/>	
	<input type="text"/>	
District	<input type="text"/>	Pin: <input type="text"/>
Phone No.	<input type="text"/>	Mob: <input type="text"/>
3. Father's Name	<input type="text"/>	
4. Name of Spouse	<input type="text"/>	
5. Age	<input type="text"/> Date of Birth	<input type="text"/>
6. Qualification	<input type="text"/>	Year of passing MBBS <input type="text"/>
College	<input type="text"/>	
University	<input type="text"/>	
7. Registration No.	<input type="text"/>	Year of Registration <input type="text"/>
8. Name of Medical Council	<input type="text"/>	
9. Date of Joining IMA	<input type="text"/>	<input type="text"/>
10. Name of local branch	<input type="text"/>	
11. IMA Life membership No.	<input type="text"/>	
12. Schemes, If any	SSS-I No. <input type="text"/>	SSS-II No. <input type="text"/>
	PPS No. <input type="text"/>	SSSS No. <input type="text"/>
	HS No. <input type="text"/>	
13. Document enclosed to prove age	<input type="text"/>	
14. Correspondence Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
District	<input type="text"/>	Pin: <input type="text"/>
Phone No.	<input type="text"/>	Mob: <input type="text"/>
Email	
15.	Name of the Nominee (s)	Relationship
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

DECLARATION

1. Dr. aged.....years hereby apply for the membership of the Pension Scheme of Kerala State Branch, Indian Medical Association. I declare that I am not suffering from any terminal illness. I hereby declare that I am a Life member of IMA through local branch and that I am having continuous membership in IMA since the year I further agree to abide by the Rules and Bye-laws of Pension Scheme, IMA Kerala State.

Enclosed herewith D.D./cheque for Rs..... of which Rs..... being the admission fee (payable as the age on admission) Rs.500/- towards Annual membership plus Annual premium suscription of Rs..... (Rs.12,000/- of any higher amount). I understand that my enrollment to the scheme will be effective only after realisation of the cheque/D.D. and issuing of the 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 shall 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..... Acc. No. : 06 02 05 30 00 00 63 15
 Bank : IFSC : SIBL 0000 602
 Date of Application : Bank : South Indian Bank
 Branch : Nedumbassery

Signature of the Applicant

NAME OF THE PROMOTER

Certificate from the Branch Seretary / President

1. Dr.Secretary / President, 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) Secretary/President, IMA Local Branch

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| <p>I Membership of Pension Scheme</p> <p>A. Admission Fee
 Below 45 yrs - Rs.3000/-
 45-60 yrs - Rs.5000/-
 Above 60 yrs - Rs. 7500/-</p> <p>B. Annual membership Rs.500/-</p> <p>C. Annual Subscription Rs.12.000/-
 or any higher amount desired by the member of the Scheme
 Total to be paid at the time of admission : A+B+C</p> <p>1. Age proving document
 2. IMA Life Membership Certificate</p> | <p>NB : 1. Demand Draft payable at Nedumbassery is preferred.
 2. For outstation cheque / D.D. please add Rs.40/- extra towards Bank Charges
 3. Cheques or D.D are to be drawn in favor of Pension Scheme, IMA Kerala State Branch.</p> <p>II Eligibility of membership
 Any life member of the Kerala State Branch of the IMA is eligible to become a member of Pension Scheme.</p> <p>III Future yearly payment falls due in April
 A. Annual membership Rs.500/- (Rs.400/- to Scheme+Rs.100 to IMA KSB)
 B. Annual subscription Rs.12,000/- or any higher amount.
 Total to be paid annually A+B</p> |
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Completed pro-forma with necessary documents and the required payments are to be sent to:-

Dr. Bibin P. Mathew, (Hon.Secretary),
 IMA periyar House, 3rd Floor, Door No.15 / 168 B8,
 Cubicle No. 11, East Desom, Aluva, Ernakulam- 683 102,
 Mob: 9447279634, Email: drbibinlaparoscopicsurgeon2003@gmail.com

IMA KSB
 Pension Scheme
 Mob: +919846166565 (office)
 Email Id: imapensionscheme@gmail.com

For Office use only

Date of application : Date of receiving :
 Date of enrolment : Receipt No :
 Date :

VERIFICATION REPORT FROM IMA STATE HEAD QUARTERS

Life Annual Non-member

Cheque/DD encashed : YES / NO / Repaid
 Policy sent on :

Signature
 Secretary, Pension Scheme
 IMA Kerala State