



PROFESSIONAL DISABILITY SUPPORT 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 : D r Sex M F

2. Age Date of Birth: Document for proof

3. Name of Father :

4. Name of Spouse :

5. Permanent

Address

District PIN:

Phone No.: Mob: + 9 1

E-Mail ,

6. Correspondence:

District PIN:

Phone No.: Mob: + 9 1

7. Qualifications Year of Passing MBBS:

College

University

8. Registration No Year of Medical Registration

9. Medical Council

10. Date of Joining IMA

11. Name of Local Branch

12. IMA Life Membership No

12(a) I Connect Number

13. 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 By-laws of Professional Disability Support 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 Rules & By-laws of the scheme.

Payment by: DD Cheque Core banking NEFT

DD/Cheque No.Date.Bank & Branch....

Date of application

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 + Additional Fee

Total

Group	Age	Admission Fee	Additional Fee	Total
Group I	60 to 65 Yrs.	Rs. 15,000/-	Rs. 3,000/-	Rs. 18,000/-
Group II	40 to 59 Yrs.	Rs. 10,000/-	Rs. 2,000/-	Rs. 12,000/-
Group III	Below 40 Yrs.	Rs. 5,000/-	Rs. 1,000/-	Rs. 6,000/-

(Admission fee once paid will not be refunded)

B. Annual Subscription Rs.1000/- + Additional Fee Rs. 200/-
Total amount payable at Admission : A+B

C. Self attested copies of documents to be attached:

1. Age proving document
2. IMA Life Member Certificate

D. Eligibility of membership

Any Life Member of IMA Kerala State Branch up to the age 65 Years on the day of joining. For group I (60 yrs. - 65 yrs.) it is mandatory to have 5 years (Five years) IMA Membership for joining the scheme.

II Future yearly payment.

A. Annual subscription Rs.1000/- + Additional Fee Rs. 200/-

Disability contribution as follows

1	Group I	Rs.500/-
2	Group II	Rs.750/-
3	Group III	Rs.1000/-

2. Rs.100/- (One hundred only) to each temporarily disabled member

3. Contribution towards death benefits. During the event of unfortunate death of a member, the family will be given death benefit as given below. This will be fixed amount of 50,000/-

The total amount of death benefits paid each year by the scheme will be equally divided among the active members.

C. DD/Cheque drawn in favour of PDSS

Send completed proforma, and payments to

Dr. Manish Nair

Secretary, PDSS, IMA, KSB

'Krishna', Punnapra PO, Alappuzha-688004

Mob: 94471 87848 E-mail: drmanishnair@yahoo.co.in

For Office Use Only

Date of application

Receipt No.

Date of receiving

Dated:

Date of enrolment

Policy send on

Verification from IMA HQ

Life Annual Non-Member

Signature Secretary PDSS IMA KSB