



## DECLARATION

I, Dr. .... aged ..... years hereby apply for the membership of the Social Security Scheme III 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. I further agree to abide by the Rules and Bye-laws of Social Security Scheme III.

Enclosed herewith D.D / Cheque for Rs. .... of which Rs. being the admission fee (payable as per the age on admission) plus Rs. 1000 towards the annual subscription plus 20% additional fee. I understand that my enrolment 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 with held 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.

Mode of Payment	Name of the Bank	Cheque / DD / Ref. No.	Dated	Amount	

Date of Application :

Signature of the Applicant

NAME OF THE PROMOTER (if any)

### Certificate from the Branch Secretary/President

I, 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) Signature  
Secretary / President, Local IMA Branch

#### I Membership

##### A. Admission Fee

(Note: Admission fee and annual subscription fee 20% additional fee applied from 1<sup>st</sup> June 2023 )

Age	Admission fee	Annual fee	Additional fee	Total fee
Below 45 years	Rs. 5,000/-	Rs. 1,000/-	Rs. 1,200/-	Rs. 7,200/-
45 years but below 55	Rs. 10,000/-	Rs. 1,000/-	Rs. 2,200/-	Rs. 13,200/-
55 years but below 65	Rs. 20,000/-	Rs. 1,000/-	Rs. 4,200/-	Rs. 25,200/-

**NB:** Demand Draft payable at **Thodupuzha** or Cheque to be drawn in favour of **Social Security Scheme III, IMA Kerala State Branch**

##### II Eligibility of membership

Any life member of IMA Kerala State Branch below age of 65 years is eligible to become a member of Social Security Scheme III

##### III Future yearly payment to be done before June 30

and a fine of Rs. 100/- per month thereafter

1. Annual subscription Rs. 1000 + 200 (Additional Fee) = 1200/-
2. Fraternity Contribution
 

More than 10 years	₹ 500/-	}	per death
More than 5 years but upto 10 years	₹ 375/-		
Upto 5 years	₹ 250/-		

Application from duly filled with necessary documents\* and the required payments are to be send by **Regd. or Speed Post** to:

**Dr. AJI P.N.**

Hon.Sec. SSS III, IMA KSB  
 IMA Periyar House, 3rd Floor, Door No.15/168 B8  
 East Desom, Aluva, Ernakulam-683102  
 Contact : 7511175050, 7034445788 (Office)  
 9447587644 (Personal)  
 Email : ssssimaksb@gmail.com

- \*1. Age proving document
- \*2. IMA Life Membership Certificate
- \*3. Copy of Aadhaar should be attached

### For Office Use Only

Date of application :     Enrollment number :

Date of receiving :     Date of Enrollment :

Signature  
Secretary, SSS III IMA KSB