

INDIAN MEDICAL ASSOCIATION KERALA STATE BRANCH

SOCIAL SECURITY SCHEME 1

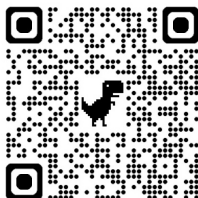
ENROLL NO/DATE

APPLICATION FORM

(Read the instructions over leaf. Please use CAPITAL LETTERS. Incomplete applications forms will be returned)

1. Name:	<input type="text"/>																									
2. Age <input type="text"/>	Date of Birth <input type="text"/>	<input type="text"/>																								
3. Name of Father:	<input type="text"/>																									
4. Name of Spouse:	<input type="text"/>																									
5. Permanent Address:	<input type="text"/>																									
6. District:	<input type="text"/>																									
7. Mob:No:	<input type="text"/>																									
8. Correspondence Address:	<input type="text"/>																									
9. District:	<input type="text"/>																									
10. E-mail:	<input type="text"/>																									
11. Qualifications:	<input type="text"/>																									
12. College:	<input type="text"/>																									
13. Year of Passing MBBS	<input type="text"/>																									
14. University:	<input type="text"/>																									
15. Name of Medical Council:	<input type="text"/>																									
16. Medical Council Reg. No:	<input type="text"/>																									
17. Working Hospital Name & Designation:	<input type="text"/>																									
18. Date of Joining IMA:	<input type="text"/>																									
19. Name of Local Branch:	<input type="text"/>																									
20. IMA Life Membership No:	<input type="text"/>																									
21. Name of Nominee(s):	Name													Relationship												
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QR Code for online Application



QR Code for Google form



Secure your family's future and Protect
your loved ones....Join SSS 1

DECLARATION

I, Dr.....aged.....years, life member of Indian Medical Association Kerala state 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 Life member of IMA Kerala state through Branch. Enclosed herewith DD/Cheque/Chalan /NEFT/IMPS Receipt for Rs.....I understand that my enrolment to the scheme will be effective only after realization of the payment and issue of policy document. I do hereby 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 bye-law of the scheme.

Payment by : DD ☐ Cheque ☐ Core banking ☐ NEFT ☐ Online ☐

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

Date of application..... Signature of Applicant.....

Name of the promoterSignature of promoter.....

Certificate from the Branch Secretary/President

I, Dr.....Secretary/President of IMA.....Branch do hereby certify that Dr..... is Life member of IMA.....branch.

Date.....

(Branch Seal)

Signature of IMA Branch Secretary/President

Annexure-1

Ordinary Membership

A. Admission Fee

1. Member below the age of 30 Years Rs.1,200/-
2. 30 years & above but below 40 years Rs.1,800/-
3. 40 Years & above but below 45 years Rs.2,400/-
4. 45 years & above but below 50 years Rs.3,000/-
5. 50 years & above but below 55 years Rs.3,600/-

Admission fee once paid will not be refunded

B. Annual Subscription Rs.360/-

C. Total Amount payable at admission : A +B

Life Membership

One time Non-refundable payment of Rs.3,60,000/-

Eligibility of Membership

Any life member of the IMA Kerala State Branch below the age of 55 years is eligible to become a member of Social Security Scheme 1

Completed Performa with necessary documents* and the required payments are to be sent to :

Dr. Vijaykrishnan. G. S.

Hon.Secretary

Social Security Scheme 1

IMA Kerala State Head Quarters, Anayara

PO.Thiruvananthapuram-695029

Office : 0471-2741244

Helpline No : 8289852996,8078425244 & 9400311894

Email : sssimaksb@gmail.com

Future Yearly Payment (for 20 Years only) for ordinary members with last date 28th February and a fine of Rs.30/ per month there after.

1. Annual Subscription **Rs.360/**
2. Fraternity contribution per each claim membership duration.
More than 10 Years Rs.200/-
More than 5 years upto 10 years Rs.150/-
Upto 5 years members Rs.100/- } per death
3. Benefit from and payments to be made to the Scheme will be as per the bye-law of SSS1, IMA Kerala, as amended from time to time and the member is bound to obey these rules and bye-laws
4. Fraternity benefit will be paid only if the member has completed one year from the date of joining the scheme if age below 50, and those who above 50 must have completed 2 years of membership.

DD/Cheque drawn in favor of "Social Security Scheme 1, IMA Kerala State Branch" and payable at Thiruvananthapuram

Use QR code for online payment and forward the payment details to helpline number/email.

* Documents to be enclosed along with your application

1. Copy of document to prove age
2. Copy of IMA Life Membership Certificate
3. Copy of Aadhaar .

QR Code for Online Payment



For Office use only

Date of application.....

Date of receipt of application.....

Date of Enrollment.....

Receipt No:.....

Dated.....

Receipt sent on.....

Payment details.....

Signature

Secretary, SSS1, IMA KSB