

DECLARATION

I, Dr.....aged.....years, Life member of IMA, do hereby declare that I will implicitly abide by the Rules and Bye-laws of Social Security Scheme II 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 IMAbranch 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 constitution of the scheme.

Payment by : DD Cheque Core banking NEFT

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

Date of application.....

Name of the promoter Signature of the applicant

Certificate from the Branch Secretary / President

I, Dr.Secretary / President of IMABranch do hereby certify that Dr.is a Life member of IMABranch and that he/she is having continuous membership in IMA since (year)

Date (Branch seal) Signature of IMA Branch Secretary/President

1. Membership

A. Admission fee:

- 1. Member below the age of 30 years Rs. 3,000
2. 30 years & above but below 35 years Rs. 3,500
3. 35 years & above but below 40 years Rs. 4,000
4. 40 years & above but below 45 years Rs. 5,000
5. 45 years & above but below 50 years Rs. 7,000
6. 50 years & above but below 55 years Rs. 10,000
7. 55 years & above but below 60 years Rs. 15,000

Admission fee once paid will not be refunded

B. Annual Subscription Rs. 500

Total amount payable at admission : A+B

2.. Eligibility of membership

Any Member of IMA Kerala State Branch below the age 60 years on the day of joining. Additionally, for the membership in the Scheme, life membership in IMA at the time of joining is mandatory

For Queries Please Contact:-
Ph :- 0474-2733303, 9645086063
Email:-imasss2kerala@gmail.com
Website:-www.imasocialsecurity2.com

* Future Yearly payments for 25 years only with last date on 31st August and a fine of Rs. 100/- per month thereafter.

- 1. Annual subscription Rs. 500/-
2. Fraternity contribution Rs. 300/- per death
3. Fraternity benefit will be paid only if the member has completed 1 year from the date of joining the scheme

DD/Cheque drawn in favour of 'Social Security Scheme II, IMA Kerala State Branch' and payable at Kollam.

Self attested copies of documents to be attached:

- 1. Age proving document
2. IMA Life Member Certificate

Send completed proforma, and payments to:

Hon. Secretary
DR. C.R.Jayasankar
Parathoor House
Uliyakovil P.O., Kollam -691019
Ph :- 9447066063
Email :-crjsankar@yahoo.com

For Office Use Only

Date of application
Date of receiving
Date of enrolment

Receipt No.
Dated
Policy sent on

Verification from IMA HQ

Life Annual Non-Member

Signature Secretary SSS-II, IMA KSB