



**PROFESSIONAL EQUIPMENT AND EMPLOYMENT PROTECTION SCHEME
PEPS-INDIAN MEDICAL ASSOCIATION, KERALA STATE BRANCH**

APPLICATION FORM

(Fill in with Capital Letters)

1. Name:	Dr.										
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Age:		Sex:		Date of Birth:										
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2. Permanent Address:

												Pin Code													
Phone:															Mob:										
Email																									

3. Communication Address:

												Pin Code													
Phone:															Mob:										
Email																									

4. Medical Council Registration:

No.															Date:										
Medical Council Name:																									

A. PEPS LIFE MEMBERSHIP

IMA LIFE Membership details	No.																							
	Branch																							

B. PEPS BENEFICIARY (Equipment / Employment)

Name & Address of Hospital / Institution																												
																						Pin Code						
Phone:															Mob:													
Email																												
Address of MD /Administrator of the Hospital / Institution:																												
																						Pin Code						
Phone:															Mob:													
Email																												
Details of IMA PEPS Member through whom the Institute is registering as Beneficiary																												
Name	Dr.																											
PEPS Membership No.																												

C. PEPS EMPLOYMENT BUREAU REGISTRATION

Qualifications	Name of University	Year of Passing										
IMA Membership details (if any)	No.											
	IMA Branch											
PEPS Membership details (if any)	No.											
	IMA Branch											

5. DECLARATION

The under signed hereby state that the facts furnished above relating to me are true to my knowledge & belief, and I hereby declare that I am a Life/Annual/Non Member of IMA -----
-----local branch. I further agree to abide by the rules & regulations of the scheme, amenable to amendment, from time to time and when need arise.

Name & Signature of IMA PEPS Member/ Applicant:

Name & Signature of MD / Administrator of Hospital / Institution:

6. PAYMENT DETAILS

- i. DD/ Cheque to be drawn in favour of "PEPS-IMA KSB" payable at **Thiruvananthapuram**
(For Life Membership and Beneficiary)
***(For Outstation Cheques please add Rs. 40/- extra)**

DD / Cheque Amount (Rs.)	
Cheque Service Charge (Rs.)	
DD / Cheque No. & Date	
Name of bank	

7. CERTIFICATE FROM IMA BRANCH SECRETARY (for IMA Members)

<p>I, Dr. Secretary, IMAbranch do hereby certify that Dr. is presently a Life/Annual member of IMA branch.</p>		
Date:	(Branch Seal)	Signature

Membership / Registration Fee Structure*

(Subject to change, as per the decisions of Managing Committee of the Scheme from time to time)

a) PEPS Life Membership - Rs. 1,000/- (Only Life Members of IMA Kerala State can join)

b) Beneficiaries of the Scheme - Rs. 2,500/- (Any Modern Medicine Hospital (Govt. /Private), Health Care Institution or Diagnostic Centres in Kerala can register through an IMA 'PEPS' Member.)

**(50% concession for registering hospitals/institutions owned by PEPS Members)*

c) Employment Bureau: Graduates / Junior Doctors - Rs. 500/-; Post Graduate Specialists - Rs. 1,000/-; Super Specialists - Rs. 2,000/-. (Any registered modern medicine doctor can join)

**(50% concession for IMA PEPS Members)*

<p><i>NB: Items 1, 2, 3, 4, 5 & 6 are to be filled in for any type of Membership.</i></p> <p><i>Fill in items A, B or C according to the type of membership.</i></p>		
<p><u>Life MEMBER & BENEFICIARY</u></p> <p style="text-align: center;">Dr.Cyriac Thomas Hon. Secretary,PEPS Physician ,Marian Medical Centre Arunapuram P.O , Pala Kottayam Mob:9447043677 E-Mail: cyri@hotmail.com www.imapeps.com</p>	<p><i>Completed</i> <i>Application</i> <i>form along with</i> <i>DD should be</i> <i>sent to:</i></p>	<p style="text-align: center;">FOR GENERAL COMMUNICATION PLEASE CONTACT</p> <p style="text-align: center;">Dr.Cyriac Thomas Hon. Secretary,PEPS IMA STATE Headquarters Anayara P.O Thiruvananthapuram – 695029 Tel : 0471-2741144 Fax : 0471-2741155 E Mail: imapeps@gmail.com</p>

(For office use)

Date of Receiving:

Date of Enrollment:

DD / Cheque No.

Dated:

Bank:

PEPS Life Membership No.	
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Beneficiary No.	
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