

**HOSPITAL PROTECTION SCHEME OF IMA  
KERALA STATE BRANCH**

**APPLICATION FORM**

1. Name of the Hospital :
  
2. Full Address (with PIN code No.) :
  
3. Telephone No.(s) :
  
4. Whether Partnership, Limited Co., or Individually owned. :
  
5. If individually owned  
Name of the individual :
  
6. Name of Doctors working (including R.M.O) :
  
7. Details of the Doctors working  

<u>Name</u>	<u>Qualification</u>	<u>Speciality</u>	<u>PPS No.</u>	<u>Branch Name</u>
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				
(g)				
(h)				
  
8. Name of the nearest IMA Branch :
  
9. Whether Hospital is Licensed for doing M.T.P and if so, the Order No. & Date :
  
10. Whether Hospital is insured with any other Insurance Co. and if so. the details :
  
11. Name of the Doctors who are not IMA members  
  - (a)
  - (b)
  - (c)
  - (d)

12. Name of the Doctors who are not PPS members :

- (a)
- (b)
- (c)
- (d)

13. Bed strength of the Hospital :  
(including ICU, ICCU,  
Neo-natal units etc....)

14. Category of Membership applied :

15. Details of Payment :  
(Cheque / DD No. &  
Date with name of the Bank)

Date:

Signature  
Superintendent / Administrator

**DECLARATION**

I do hereby declare that the details furnished above are true and correct and will abide all the Rules & Bye-Laws of the Hospital Protection of IMA Kerala State.

Date:

Signature  
Superintendent / Administrator

**SCRUTINISED BY:**

1. Name of the district representative  
of the Hospital Protection Scheme :
2. Verification Details :
3. Signature :

(The district representative has to verify the details furnished by the Hospital in the application form and forward application only if they are true and correct.

**MEMBERSHIP FEE:**

	Bed Strength	Membership fee per year
Category A	0 - 10	₹ 5,000/-
Category B	11 - 25	₹ 10,000/-
Category C	26 - 60	₹ 15,000/-
Category D	61 - 100	₹ 25,000/-
Category E	101 - 150	₹ 30,000/-
Category F	151 - 200	₹ 35,000/-
Category G	201 - 300	₹ 40,000/-
Category H	301 - 500	₹ 50,000/-
Category I	Above 500	₹ 75,000/-

(There is no limit for the damage payable by the scheme)

Note: Rulers & Bye-Laws of the scheme will be sent to the Member Hospital along with the Membership. Payment may be made through DD/Cheque (add ₹ 200/- for outstation cheque) drawn in favour of "Hospital Protection Scheme of IMA, Kerala State", Payable at **MALAPURAM** and send to the Hon'ble Secretary of P.P. Scheme of IMA.