



SOCIAL SECURITY SCHEME III KERALA STATE BRANCH INDIAN MEDICAL ASSOCIATION

Please
Affix
your
passport size
Photo

APPLICATION FORM

Ref. No.	E. No.:	Date:
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(READ THE INSTRUCTIONS GIVEN OVERLEAF, INCOMPLETE APPLICATION FORM WILL BE RETURNED) PLEASE USE CAPITAL LETTERS

1. Name	<input style="width: 100%;" type="text" value="D r."/>
Permanent Address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
District	<input style="width: 80%;" type="text"/> PIN: <input style="width: 20%;" type="text"/>
Mob:	<input style="width: 100%;" type="text"/>
Aadhaar No.	<input style="width: 100%;" type="text"/>
2. Father's Name	<input style="width: 100%;" type="text"/>
3. Name of Spouse	<input style="width: 100%;" type="text"/>
4. Age	<input style="width: 10%;"/> Date of Birth <input style="width: 10%;"/> <input style="width: 10%;"/> <input style="width: 10%;"/> <input style="width: 10%;"/>
5. Qualification	<input style="width: 80%;" type="text"/> Year of Passing MBBS <input style="width: 20%;" type="text"/>
College	<input style="width: 100%;" type="text"/>
University	<input style="width: 100%;" type="text"/>
6. Already S.S.S III Member ? Yes	<input type="checkbox"/> No, <input type="checkbox"/> If yes S.S.S III No. <input style="width: 20%;" type="text"/>
7. Medical Council Registration No.	<input style="width: 40%;" type="text"/> Year of Registration <input style="width: 20%;" type="text"/>
8. Name of Medical Council	<input style="width: 100%;" type="text"/>
9. S.S.S. I No.	<input style="width: 30%;" type="text"/> S.S.S. II No. <input style="width: 30%;" type="text"/>
10. Date of Joining of IMA	<input style="width: 10%;"/> <input style="width: 10%;"/> <input style="width: 10%;"/> P.P. Scheme Membership No. <input style="width: 30%;" type="text"/>
11. IMA Life Membership Number	K R L / <input style="width: 80%;" type="text"/>
12. Name of local branch	<input style="width: 100%;" type="text"/>
13. Document enclosed to prove Age	<input style="width: 100%;" type="text"/>
14. Correspondence Address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
District	<input style="width: 80%;" type="text"/> PIN: <input style="width: 20%;" type="text"/>
Mob:	<input style="width: 100%;" type="text"/>
E-mail	<input style="width: 100%;" type="text"/>

15. Name of the Nominee(s) :	Relationship	Nominees' Signature
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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