



PENSION SCHEME IMA KERALA STATE
INDIAN MEDICAL ASSOCIATION
KERALA STATE BRANCH

E. No.
R. No.
Date :

APPLICATION FORM

(Read the instructions given overleaf, incomplete application form will be returned)
Please use CAPITAL LETTERS.

1. Name	<input type="text"/>																																				
2. Permanent Address	<input type="text"/>																																				
	<input type="text"/>																																				
District	<input type="text"/>																				Pin :	<input type="text"/>															
Phone No.	<input type="text"/>															Mob :	<input type="text"/>																				
3. Father's Name	<input type="text"/>																																				
4. Name of Spouse	<input type="text"/>																																				
5. Age	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>																																
6. Qualification	<input type="text"/>																				Year of passing MBBS	<input type="text"/>															
College	<input type="text"/>																																				
University	<input type="text"/>																																				
7. Registration No.	<input type="text"/>																				Year of Registration	<input type="text"/>															
8. Name of Medical Council	<input type="text"/>																																				
9. Date of Joining IMA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																
10. Name of local branch	<input type="text"/>																																				
11. IMA Life membership No.	<input type="text"/>																																				
12. Schemes, If any	SSS-I No.	<input type="text"/>					SSS-II No.	<input type="text"/>					SSSS No.	<input type="text"/>																							
	PPS No.	<input type="text"/>					HS No.	<input type="text"/>																													
13. Document enclosed to prove age	<input type="text"/>																																				
14. Correspondence Address	<input type="text"/>																																				
	<input type="text"/>																																				
District	<input type="text"/>																				Pin :	<input type="text"/>															
Phone No.	<input type="text"/>															Mob :	<input type="text"/>																				
Email	<input type="text"/>																																				
15.	Name of the Nominee(s)															Relationship																					
	<input type="text"/>															<input type="text"/>																					
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(PTO)

DECLARATION

I, Dr. aged.....years hereby apply for the membership of the Pension Scheme of Kerala State Branch, Indian Medical Association. I declare that I am not suffering from any terminal illness. I hereby declare that I am a Life member of IMA through..... local branch and that I am having continuous membership in IMA since the year..... I further agree to abide by the Rules and Bye-laws of Pension Scheme, IMA Kerala State.

Enclosed herewith D.D./cheque for Rs.....of which Rs..... being the admission fee (payable as per the age on admission) Rs.500/- towards Annual membership plus Annual premium subscription of Rs..... (Rs.12,000/- or any higher amount). I understand that my enrolment to the scheme will be effective only after realisation of the cheque/D.D. and issuing of the policy document.

I do hereby declare that the above statements are true and that I have withheld no information whatsoever regarding the application and I agree to pay the amount demanded as per the constitution of this scheme. I shall abide by all the future amendments of the bye-law of the scheme.

Details of payment : Cash Cheque D.D. Core Banking

Cheque / D.D. No.....Bank.....

Date of Application :

Signature of the Applicant

NAME OF THE PROMOTER

Certificate from the Branch Secretary / President	
I, Dr.Secretary/President, IMA.....	
Branch do hereby certify that Dr. is a life member of IMA	
..... Branch and that he/she is having continuous membership	
in IMA since(year).	
Date.....	Signature Secretary/President, IMA Local Branch
(Branch Seal)	

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| <p>I Membership of Pension Scheme</p> <p>A. Admission Fee</p> <p>1. 45 and below Rs.3,000/-</p> <p>2. Above 45 Rs.5,000/-</p> <p>B. Annual membership Rs.500/-</p> <p>C. Annual Subscription Rs.12,000/- or any higher amount desired by the member of the Scheme</p> <p>Total to be paid at the time of admission : A+B+C</p> <p>1. Age proving document</p> <p>2. IMA Life Membership Certificate</p> | <p>NB : 1. Demand Draft payable at Cochin is preferred.</p> <p>2. For outstation cheques / D.D. please add Rs.40/- extra towards Bank charges.</p> <p>3. Cheques or D.D. are to be drawn in favour of Pension Scheme, IMA Kerala State Branch.</p> <p>II Eligibility of membership</p> <p>Any life member of the Kerala State Branch of the IMA is eligible to become a member of Pension Scheme.</p> <p>III Future yearly payment falls due in April</p> <p>A. Annual membership Rs.500/- (Rs.400/- to Scheme+Rs.100 to IMA KSB)</p> <p>B. Annual subscription Rs.12,000/- or any higher amount.</p> <p>Total to be paid annually A+B</p> |
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Completed pro-forma with necessary documents and the required payments are to be sent to:-

Dr. Anoop Koshy Mathew
 IMA House, Court Road
 Thalassery, Kannur - 670 101
 Tel: 0490-2320892 Mob: 98474 46598 Email: anukos@rediffmail.com

For Office Use only

Date of application : Date of receiving :

Date of enrolment : Receipt No. :

Date :

VERIFICATION REPORT FROM IMA STATE HEAD QUARTERS

Life Annual Non-member

Cheque/DD encashed : YES / NO / Repaid

Policy sent on :

Signature
 Secretary, Pension Scheme
 IMA Kerala State