



SOCIAL SECURITY SCHEME III

IMA KERALA STATE BRANCH

Please
Affix
your
passport size
Photo

APPLICATION FORM

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

1. Name	D r.	
Permanent Address		
District	PIN:	
Mob:	1.	2.
E-mail		
Aadhaar No.	-	
2. Father's Name		
3. Name of Spouse		
4. Age	Date of Birth	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
5. Qualification	Year of Passing MBBS	
College		
University		
6. Medical Council Registration No.	Year of Registration	
7. Name of Medical Council		
8. Date of Joining of IMA		
9. IMA Life Membership Number	KRL	
10. Name of local branch		
11. Document enclosed to prove Age		
12. Correspondence Address		
District	PIN:	
13. Name of the Nominee(s) :	Relationship	
1		
2		
3		
4		
5		

DECLARATION

I, Dr..... aged..... years hereby apply for the membership of the Social Security Scheme III 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. I further agree to abide by the Rules and Bye-laws of Social Security Scheme III.

Enclosed herewith D.D / Cheque for Rs..... of which Rs..... being the admission free (payable as per the age on admission) plus Rs. 500 towards the annual subscription. 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: Cheque D.D. Core Banking

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

Date of Application :

Signature of the Applicant

NAME OF THE PROMOTER (if any)

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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:

(Branch Seal)

Signature
Secretary / President, Local IMA Branch

I Membership

A. Admission Fee

- Below 45 Years : ₹ 5,000/-
- 45 Years but below 65 : ₹ 10,000/-

B. Annual Subscription ₹ 500/-

Total to be paid at the time of admission : A+B

NB: Demand Draft payable at **Trivandrum** or

Cheque to be drawn in favour of
Social Security Scheme III,
IMA Kerala State Branch

II Eligibility of membership

Any life member of IMA Kerala State Branch below age of 65 years is eligible to become a member of Social Security Scheme III

III Future yearly payment to be done before June 30

- Annual subscription ₹ 500/-

- Fraternity Contribution

More than 9 years	₹ 500/-	} per death
More than 5 years but upto 9 years	₹ 375/-	
Upto 5 years	₹ 250/-	

Completed Pro-forma with necessary documents* and the required payments are to be send by **Regd. or Speed post**, to:

- *1. Age proving document
 - *2. IMA Life Membership Certificate
 - *3. Copy of Aadhaar should be attached

Dr. SYAM D. GOPAL

Hon. Sec. SSS III, IMA KSB

Sarovaram, Palachira P.O., Varkala

Thiruvananthapuram - 695 143

Office: 7034445788 (Watsapp), 7511175050

Email: ssssimakbs@gmail.com, syamdgp@hotmai.com

For Office Use Only

Date of application : Enrollment number :

Date of receiving : Date of Enrollment :

Signature
Secretary, SSS III IMA KSB