

**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 :

For Payment options Please Contact :  
Email ID: ppsimaksb@gmail.com Mob: 9287 274 896

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.

Signature  
Superintendent / Administrator

Date:

**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/-

Hon.Secretary, HPS of IMA KSB

IMA Periyar House  
3rd Floor, Door No: 15/168 B7  
Cubicle No: 5  
East Desom, Aluva  
Ernakulam – 683 102

Office

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Secretary : 8111 916 263