



**PROFESSIONAL EQUIPMENT AND EMPLOYMENT PROTECTION SCHEME
PEPS-INDIAN MEDICAL ASSOCIATION, KERALA STATE BRANCH**

APPLICATION FORM

(Fill in with Capital Letters)

1. Name:	Dr.										
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Age:		Sex:		Date of Birth:										
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2. Permanent Address:

												Pin Code													
Phone:															Mob:										
Email																									

3. Communication Address:

												Pin Code													
Phone:															Mob:										
Email																									

4. Medical Council Registration:

No.															Date:										
Medical Council Name:																									

A. PEPS LIFE MEMBERSHIP

IMA LIFE Membership details	No.																							
	Branch																							

B. PEPS BENEFICIARY (Equipment / Employment)

Name & Address of Hospital / Institution																									
												Pin Code													
Phone:															Mob:										
Email																									
Address of MD /Administrator of the Hospital / Institution:																									
												Pin Code													
Phone:															Mob:										
Email																									
Details of IMA PEPS Member through whom the Institute is registering as Beneficiary																									
Name	Dr.																								
PEPS Membership No.																									

C. PEPS EMPLOYMENT BUREAU REGISTRATION

Qualifications	Name of University	Year of Passing
IMA Membership details (if any)	No.	
	IMA Branch	
PEPS Membership details (if any)	No.	
	IMA Branch	

