



SOCIAL SECURITY SCHEME III

IMA KERALA STATE BRANCH

Please
Affix
your
passport size
Photo

APPLICATION FORM

Received Dt. / /

E. No.:

E. Date:

(READ THE INSTRUCTIONS GIVEN OVERLEAF, INCOMPLETE APPLICATION FORM WILL BE RETURNED, PLEASE USE CAPITAL LETTERS)

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

(PTO)

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. 1000 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

1. Below 45 Years : ₹ 5,000/-
2. 45 Years but below 55 : ₹ 10,000/-
3. 55 Years but below 65 : ₹ 20,000/-

B. Annual Subscription ₹ 1000/-

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

NB: Demand Draft payable at **Ernakulam** 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 A Future payments to be done within 3 months of premium intimation

1. Annual subscription ₹ 1000/-
2. Fraternity Contribution

| | | | |
|-------------------------------------|---------|---|-----------|
| More than 10 years | ₹ 500/- | } | per death |
| More than 5 years but upto 10 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:

Dr. SYAM D. GOPAL

Hon.Sec. SSS III, IMA KSB
Sarovaram, Palachira P.O., Varkala,
Thiruvananthapuram - 695143
Contact No. 7034445788, 7511175050
Email : ssssimaksb@gmail.com

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

For Office Use Only

Date of application : Enrollment number :

Date of receiving : Date of Enrollment :

Signature
Secretary, SSS III IMA KSB