

**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 - 50 | ₹ 15,000/- |
| Category D | 51 - 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

Mob: 9287 274 922, 9287 274 896
E-mail: ppsimaksb@gmail.com

Secretary : 8111 916 263