



**INDIAN MEDICAL ASSOCIATION KERALA STATE BRANCH
IMA KERALA HEALTH SCHEME
APPLICATION FORM**

E mail: ourimakhs@gmail.com, drjay@safecare.in

Web- imakhs.com Tel.9539332426

R No	
R. Date	
En.Date	

EN. NO	IF ALREADY A MEMBER	OFFICE USE	OFFICE USE	OFFICE USE	OFFICE USE
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MEMBER	Name																									
	Age	DOB	D	D	M	M	Y	Y	Y	Y	Date of Birth Proof Document															
	Address Permanent											Address Communication														
		Pin											Pin													
	Mob											Tel with STD Code														
	E Mail ID																									
	Med Council Reg. No										Year					Name of Council										
	Qualifications																									
	IMA Life membership No																									
	Spouse -Name																									
	Age	DOB	D	D	M	M	Y	Y	Y	Y	Date of Birth Proof Document															
	Address Permanent											Address Communication														
		Pin											Pin													
Mob											Tel with STD Code															
E Mail ID																										
Med Council Reg. No										Year					Name of Council											
Qualifications																										
IMA Life Membership No (if ima member)																										

PARENTS IF WANT TO JOIN	Father - Name																									
	Age	DOB	D	D	M	M	Y	Y	Y	Y	Date of Birth Proof Document															
	Address Permanent											Address Communication														
		Pin											Pin													
	Mob											Tel with STD Code														
	E Mail ID																									

PARENTS IF WANT TO JOIN	Mother-Name																									
	Age	DOB	D	D	M	M	Y	Y	Y	Y	Date of Birth Proof Document															
	Address Permanent											Address Communication														
		Pin											Pin													
	Mob											Tel with STD Code														
	E Mail ID																									

CHILDREN

IF WANT TO JOIN

Son/ Daughter Name												
Age	DOB			D	D	M	M	Y	Y	Y	Y	Date of Birth Proof Document
Address Permanent							Address Communication					
	Pin									Pin		
Mob							Tel with STD Code					
E Mail ID												

Son/ Daughter Name												
Age	DOB			D	D	M	M	Y	Y	Y	Y	Date of Birth Proof Document
Address Permanent							Address Communication					
	Pin									Pin		
Mob							Tel with STD Code					
E Mail ID												

Nominees	Name	Relation	Signature
1			
2			
3			

<input type="checkbox"/> Cheque <input type="checkbox"/> DD	DETAILS OF PAYMENT
Amount	NO DATE
Name of Bank	Branch

AFFIDAVIT

I hereby state that the details furnished by me are true to the best of my knowledge and I am in sound state of mind and body. I further state I shall abide by the rules and regulations of the scheme which may be amended from time to time (if need arises).

Date Signature of the Applicant

CERTIFICATE FROM BRANCH PRESIDENT / SECRETARY

I, DR PRESIDENT/ SECRETARY OF IMA

BRANCH DO HERE BY CERTIFY THAT DR IS A LIFE / ANNUAL MEMBER OF THIS BRANCH

DATE SEAL SIGNATURE

Submit the Application form duly filled in and singed along with

1. Date of Birth proof Document Copy
2. Copy of IMA Life Membership Certificate / Card
3. Cheque/DD payable at Tirur Drawn in Favour of **IMA KERALA HEALTH SCHEME To Dr. Jayakrishnan B, Hon Secretary IMA KHS, SafeCare, Tirur- 676102**
Tel. & Whatsapp No: 9539332426, 9387119618 Email: ourimakhs@gmail.com, drjay@safecare.in

FOR OFFICE USE ONLY																											
DATE OF APPLICATION						VERIFICATION DAITALS FROM STATE HQ																					
D	D	M	M	Y	Y	Y	Y	↓																			
APPLICATION RECEIVED						LIFE			ANNUAL			NON MEMBER															
D	D	M	M	Y	Y	Y	Y	DD/CHQ ENCASHED			YES			NO			REPAID										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">ENROLLMENT NO.</th> <th style="width:50%;">RECIPT NO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>						ENROLLMENT NO.	RECIPT NO									DATE OF ENROLMENT						HEALTH CARD SENT ON					
						ENROLLMENT NO.	RECIPT NO																				
D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y												
SIGNATURE SECRETARY IMA KHS																											