



PENSION SCHEME IMA KERALA STATE

INDIAN MEDICAL ASSOCIATION  
KERALA STATE BRANCH

E. No.
R. No.
Date :

**APPLICATION FORM**

**(Read the Instructions given overleaf, Incomplete application form will be returned)**  
**Please use CAPITAL LETTERS.**

1. Name

2. Permanent Address

District  Pin:

Phone No.  Mob:

3. Father's Name

4. Name of Spouse

5. Age  Date of Birth

6. Qualification  Year of passing MBBS

College

University

7. Registration No.  Year of Registration

8. Name of Medical Council

9. Date of Joining IMA

10. Name of local branch

11. IMA Life membership No.

12. Schemes, If any SSS-I No.  SSS-II No.  SSSS No.

PPS No.  HS No.

13. Document enclosed to prove age

14. Correspondence Address

District  Pin:

Phone No.  Mob:

Email .....

15. Name of the Nominee (s) Relationship

**DECLARATION**

1. Dr. .... aged.....years hereby apply for the membership of the Pension Scheme 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 and that I am having continuous membership in IMA since the year ..... I further agree to abide by the Rules and Bye-laws of Pension Scheme, IMA Kerala State.

Enclosed herewith D.D./cheque for Rs..... of which Rs..... being the admission fee (payable as the age on admission) Rs.500/- towards Annual membership plus Annual premium suscription of Rs..... (Rs.12,000/- of any higher amount). I understand that my enrollment 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 : Cash  Cheque  D.D.  Core Banking

Cheque / D.D. No..... Acc. No. : 06 02 05 30 00 00 63 15  
 Bank :..... IFSC : SIBL 0000 602  
 Date of Application :..... Bank : South Indian Bank  
 Branch : Nedumbassery

Signature of the Applicant

NAME OF THE PROMOTER

**Certificate from the Branch Seretary / President**

1. 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, IMA Local Branch

**I Membership of Pension Scheme**

- A. Admission Fee  
 Below 45 yrs - Rs.3000/-  
 45-60 yrs - Rs.5000/-  
 Above 60 yrs - Rs. 7500/-
- B. Annual membership Rs.500/-
- C. Annual Subscription Rs.12.000/-  
 or any higher amount desired by the  
 member of the Scheme  
 Total to be paid at the time of  
 admission : A+B+C

- NB : 1. Demand Draft payable at Nedumbassery is preferred.
- 2. For outstation cheque / D.D. please add Rs.40/- extra towards Bank Charges
- 3. Cheques or D.D are to be drawn in favor of Pension Scheme, IMA Kerala State Branch.

**II Eligibility of membership**  
 Any life member of the Kerala State Branch of the IMA is eligible to become a member of Pension Scheme.

- III Future yearly payment falls due in April**
- A. Annual membership Rs.500/-  
 (Rs.400/- to Scheme+Rs.100 to IMA KSB)
- B. Annual subscription Rs.12,000/- or any higher amount.  
 Total to be paid annually A+B

- 1. Age proving document
- 2. IMA Life Membership Certificate

Completed pro-forma with necessary documents and the required payments are to be sent to:-

Dr. Sreekumar Sarma.G, (Hon.Secretary),  
 IMA periyar House, 3<sup>rd</sup> Floor, Door No.15 / 168 B8,  
 Cubicle No. 11, East Desom, Aluva, Ernakulam- 683 102,  
 Mob: 9645099551, Email: sarmag2003@gmail.com

IMA KSB  
 Pension Scheme  
 Mob: +919846166565 (office)  
 Email Id: imapensionscheme@gmail.com

**For Office use only**

Date of application :       Date of receiving :        
 Date of enrolment :       Receipt No :        
 Date :

VERIFICATION REPORT FROM IMA STATE HEAD QUARTERS

Life Annual Non-member

Cheque/DD encashed : YES / NO / Repaid

Policy sent on :

Signature  
 Secretary, Pension Scheme  
 IMA Kerala State