



# SOCIAL SECURITY SCHEME III

## IMA KERALA STATE BRANCH

Please  
Affix  
your  
passport size  
Photo

### APPLICATION FORM

Received Dt. / /	E. No.:	E. Date:
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( READ THE INSTRUCTIONS GIVEN OVERLEAF, INCOMPLETE APPLICATION FORM WILL BE RETURNED, PLEASE USE CAPITAL LETTERS )

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

(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 fee (payable as per the age on admission) plus Rs. 1000 towards the annual subscription plus 20% additional fee. 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 with held 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.

Mode of Payment	Name of the Bank	Cheque / DD / Ref. No.	Dated	Amount	

Date of Application :

Signature of the Applicant

NAME OF THE PROMOTER (if any)

### 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

(Note: An additional fee of 20% is included for admission fee/annual fee to accommodate for the anticipated tax liabilities)

Age	Admission fee	Annual fee	Additional fee	Total fee
Below 45 years	Rs. 5,000/-	Rs. 1,000/-	Rs. 1,200/-	Rs. 7,200/-
45 years but below 55	Rs. 10,000/-	Rs. 1,000/-	Rs. 2,200/-	Rs. 13,200/-
55 years but below 65	Rs. 20,000/-	Rs. 1,000/-	Rs. 4,200/-	Rs. 25,200/-

**NB:** Demand Draft payable at **Thodupuzha** 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 Future yearly payment to be done before June 30

1. Annual subscription ₹ 1000 + 200 (Additional Fee) = 1200/-
2. Fraternity Contribution
 

More than 10 years	₹ 500/-	}	per death
More than 5 years but upto 10 years	₹ 375/-		
Upto 5 years	₹ 250/-		

Application form duly filled with necessary documents\* and the required payments are to be send by **Regd. or Speed post**, to:

**Dr. AJI P.N.**

Hon.Sec. SSS III, IMA KSB  
IMA Periyar House, 3rd Floor, Door No.15/168 B8  
East Desom, Aluva, Ernakulam-683102  
Contact : 7511175050, 7034445788 (Office)  
9447587644 (Personal)  
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