SOCIAL SECURITY SCHEME II

IMA Kerala State Branch

FOR OFFICE USE ONLY

DATE

Self Attested Photo



Date of app Date of enr Enrolment IMA HQ - Ver 1. PERSONAL D Full Name Father's Name Spouse Name	olment Number rification	Life	Annual	Non Member	Date	Dispatch					
Gender	Male	Female		Date of B	irth D D N	M Y E A R	2				
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FOR NEW M Dr.V.A.CINI PRI' SSS2 IMA KSB MANI MANDIR. VAZHAPPALLY, KOLLAM -6915 Mob:+91 8921	YADARSINI, H AM,VADAKUI UMAYANALLO 89. Tel : 047	Hon.SECRETA MKARA WES OOR(P.O), 4 2081512	ARY	EWALS	Dr.V.A.CINI F SSS2 IMA KS PERIYAR HOI COCHIN - 693 Tel : 0474 20	PRIYADARSINI, Hon. B USE, DESOM, ALUV 3102	Α,	ffice)			
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BANK / BRANCH NAME

EDUCATION DETAIL	_S											
Year of Passing MBBS	University											
Name of Medical Council												
Medical Council Registration No.				Year of Jo	oining IMA	D	M	MY	E A	R		
IMA Life Membership Number												
Name of Local Branch												
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CERTIFICATE FROM THE BRANCH SECRETARY / PRESIDENT												
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Life member of IMA Ke	•											
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DECLARATION												
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Admisson Fee	PTO 45 YEAR	: Rs 4800,		de 45 YE dmisson	ARS AND Fee	ABOVE	BUI BI		9600/-			
Subscription Fee		: Rs 480/-	Su	ubscriptio	on Fee				480/-			
Total		: Rs 5280,		otal				: Rs	10080/-			
SELF ATTESTED DOCUMENTS TO BE ATTACHED ◆ Identiy & Age Proving Document												
▼ Identity & Age P	TOVING DOCUM	FOR ALL AS				LITE IVIE	mbersi	iip certi	ncate			
Kollam Office : +91 8921015616, +91 8129393493, 0474 2081512 Aluva Office : +91 8304092399 Email : imasss2kerala@gmail.com Website : www.imakerala.com												
Email: imasss2kerala@gmail.com Website: www.imakerala.com PROMOTOR'S NAME												