



PROFESSIONAL PROTECTION SCHEME OF IMA KERALA STATE

Application Form

| | | | | |
|--------------------------|---------------------|-----------------|-----------|---------|
| Name | | | | |
| Permanent Address | | | | |
| District | | Pin: | | |
| Email ID | | | | |
| Mobile Number | | | | |
| Correspondence Address | | | | |
| District | | Pin: | | |
| Email ID | | | | |
| Mobile Number | | | | |
| Aadhaar No. | | | | |
| Gender. | | | | |
| Father Name | | | | |
| Name of Spouse | | | | |
| Age | | Date of Birth: | | |
| Medical Council Regs. No | | | | |
| Year Of Registration | | | | |
| Name Of Medical Council | | | | |
| Date Of Joining IMA | | | | |
| IMA Life Membership No | | | | |
| IMA Local Branch | | | | |
| Current Designation | | | | |
| Qualification | Name of Institution | Year of Passing | Authority | |
| | | | | |
| | | | | |
| Professional Details | Hospital Name | Designation | Address | Contact |
| | | | | |

DECLARATION

I.....a member of..... branch of IMA, do hereby declare that the details furnished above are true and correct and that I will abide by the Rules and Regulations of the Professional Protection Scheme of IMA, Kerala State, as amended on 27-06-93, 12-11-94, 10-11-96, 22-11-97, 14-11-98, 27-11-99 and 09-11-2013.

CERTIFICATE FROM BRANCH PRESIDENT/SECRETARY

I Dr.President/Secretary of.....
Branch of IMA. do hereby certify that Dr.is a current
Member ofBranch.

Signature of Branch President/Secretary:

Branch Seal

INSTRUCTIONS

1. Membership to PP Scheme is restricted to the members of any Branch of IMA in Kerala State only.
2. Membership fee can be paid by Cheque/DD or in Cash
3. Cheque / DD can be drawn in favour 'P.P. Scheme of IMA, Kerala State' and not in the name of any office bearer.
4. DD may be payable at ERNAKULAM
5. Membership fee once paid will not be refunded.
6. If notice is received by a member, forward the following documents immediately to the secretary,(i) Photostat copy of the notice (ii) A detailed note on the incidents (iii) A photocopy of case sheet, (iv) Contact Address with phone number, mobile & E mail.
7. Reply to the notice will be made only after getting intimation to the State Secretary of the Scheme.
8. A member can avail the benefit of one or more units of membership as per fees given below.
9. Membership fee per unit :

| | |
|------------------------|-------------------------------------|
| First year | Rs. 2000/- |
| Second year | Rs. 1900/- (if no legal assistance) |
| Third year | Rs. 1800/- (if no legal assistance) |
| Fourth year | Rs. 1700/- (if no legal assistance) |
| Fifth year | Rs. 1600/- (if no legal assistance) |
| Sixth year and onwards | Rs. 1500/- (if no legal assistance) |

10. Membership for Enhanced Protection unit is Rs. 10,000/-

11. Application form duly filled with the Cheque/DD/Cash may be sent to :

| | |
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| Dr. Sajeew Kumar P IMA Periyar House 3 rd Floor, Door No: 15/168 B7 Cubicle No: 5 East Desom, Aluva Ernakulam – 683 102 | Email id: ppsimaksb@gmail.com Phone: 0494 - 2444 777 Mob: 9287274922 9287274896 Secretary: 8111 916 263 |
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For office use only

| | |
|--|---------------------------------------|
| Memb. No. allotted: | Application form: Complete/Incomplete |
| Date of Receipt: | Remarks: |
| Date of Commencement of the membership | |

**Signature of
Hon. Secretary of P.P. Scheme**