



# INDIAN MEDICAL ASSOCIATION NATIONAL PROFESSIONAL PROTECTION SCHEME

IMA State Headquarters, Anayara P O, Thiruvananthapuram 29

Tel: 0471 2741144, E-mail: imanpps@gmail.com

## **MEMBERSHIP APPLICATION FORM**

(To be filled in block letters)

Full Name	
Age & DOB	
Communication Address	
Contact Number	
E-mail ID	
Father's/Spouse's Name	
Qualification (University & Year of Passing)	1. 2. 3. Any other:
Registration No. with name of the Medical Council & Year of Registration	
Name of the Institutions where you are working at present	
Whether insured with any Insurance Company under Indemnity Scheme and if so, give name of the Company, Policy No. & Date of expiry	
Name of the Local Branch & State	
IMA Life Membership No.	
No of additional units requested	
Membership in Enhanced Protection Scheme	
Remittance by DD/Cheque/Bank transfer payable at Thiruvananthapuram (details)	

### **DECLARATION**

I ..... a Life Member of.....Branch of IMA under ..... State/Territorial Branch do hereby, declare that the details furnished above are true and correct and that I will abide by the Rules and Regulations of National Professional Protection Scheme of IMA.

Date .....

Signature .....

Name .....

### **CERTIFICATE FROM LOCAL BRANCH PRESIDENT/SECRETARY**

I, Dr. ....President/Secretary, IMA .....Branch do hereby certify that Dr. .... is a Life member of IMA.....Branch of ..... State.

Signature .....

Date.....

(BranchSeal)

President/Secretary,IMA.....Branch

(P.T.O)

## INSTRUCTIONS

1. Membership to National P P Scheme is restricted to the Life members of IMA only.
2. Membership fee can be paid by cheque, DD or Bank Transfer.  
Account details for bank transfer:  
Account Name : NPP Scheme  
Bank Name : Bank of Baroda, Vanchiyoor Branch  
Account No : 24520100019850  
IFSC : BARBOVANTRI  
MICR Code : 695012005
3. DD should be drawn in favour of "National PP Scheme of IMA" payable at 'Thiruvananthapuram' and not in the name of any office bearer.
4. Membership fee once paid will not be refunded.
5. Litigations arising inside the jurisdiction of Republic of India only will be entertained. Litigations up to Rs.10 Lakhs in a single case and Rs.20 Lakhs per year, will only be supported by the Scheme.
6. Multiple units can be availed to increase your protection
7. If legal notice/case is received by a member, forward the following documents immediately by E-mail followed by Xerox copies (within 7 days) to the Hon. Secretary–
  - a. Xerox copy of the **notice/case**
  - b. Xerox copy of **Case Sheet**
  - c. Xerox copy of other relevant documents
  - d. A detailed **version of the incidence** (computer print in English)
  - e. Please attach **certified translation in English** of the documents
8. Reply to the legal notice/cases should be made only after getting the reply of the Hon.Secretary.
9. **MEMBERSHIP AND BENEFITS**  
Membership fee for the first year shall be Rs. 3000/-. Any cause of action from the date of realization of the membership fee for one full calendar year will be taken up by the scheme.  
FIRST YEAR MEMBERSHIP Rs. 3000/-  
SECOND YEAR MEMBERSHIP Rs. 2900/- (if no claim)  
THIRD YEAR MEMBERSHIP Rs. 2800/- (if no claim)  
FOURTH YEAR MEMBERSHIP Rs. 2700/- (if no claim)  
FIFTH YEAR MEMBERSHIP Rs. 2600/- (if no claim)  
SIXTH YEAR MEMBERSHIP Rs. 2500/- (if no claim)  
AFTER SIXTH YEAR FIXED PAYMENT Rs. 2500/- (if no claim)
10. Financial Assistance up to Rs. 1 Crore can be availed to join in "ENHANCED PROTECTION SCHEME" OF MEMBERSHIP FEE Rs.10000/-.
11. NPPS have its own webpage :www.nimapps.com
12. Application form duly filled with the DD/Cheque/Bank transfer may be send to:

**Dr. A.V. Jayakrishnan**  
(Hony. Secretary, NPPS)

### Residence

Suryagayathri, Ambalappatta,  
Pattambi Road,  
Perinthalmanna,  
Malappuram – 679 322  
Mob: +91 9847004064  
+91 9447079074  
Email: jkvikram@hotmail.com

### Administrative Office

IMA State Headquarters  
Anayara P O  
Thiruvananthapuram – 695 029  
Tel: +91 471 2741144, Fax: +91 471 2741155  
Mob: 9847004064  
Email: imanpps@gmail.com

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### (FOR OFFICE USE ONLY)

Memb.No.Allotted: Application form:Complete/Incomplete  
Date of Receipt: Remarks:  
Date of Commencement of Membership:

Signature of Hon. Secretary of N P P Scheme