



## DECLARATION

I. Dr.....aged..... years, Life member of IMA, do hereby declare that I will implicitly abide by the Rules and By-laws of Professional Disability Support Scheme in force, as amended from time to time. **I declare that I am not suffering from any terminal illness.** I declare that I am a Current member of IMA.....branch and that I am having continuous membership in IMA since the year.

Enclosed herewith DD/Cheque/Chalan/NEFT Receipt for Rs..... I understand that my enrolment to the scheme will be effective only after realization of the DD/Cheque and issue of policy document. I do declare that the above statements are true and that I have not withheld any information whatsoever regarding the application. I agree to pay in future the amount demanded as per the Rules & By-laws of the scheme.

Payment by: DD Cheque Core banking NEFT

DD/Cheque No. ....Date. ....Bank & Branch....

Date of application

Signature of the applicant

### Certificate from the Branch Secretary / President

I. Dr..... Secretary/President of 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 of IMA Branch Secretary / President

#### I. Membership

##### A. Admission Fee

Group I	60 Years to 65 yrs.	Rs.15,000/-
Group II	40 Years to 59 yrs.	Rs.10,000/-
Group III	Below 40 Years	Rs.5,000/-

(Admission fee once paid will not be refunded)

##### B. Annual Subscription Rs.1000/-

Total amount payable at Admission : A+B

##### C. Self attested copies of documents to be attached:

1. Age proving document
2. IMA Life Member Certificate

##### D. Eligibility of membership

Any Life Member of IMA Kerala State Branch up to the age 65 Years on the day of joining. For group I (60 yrs. - 65 yrs.) it is mandatory to have 5 years (Five years) IMA Membership for joining the scheme.

#### II Future yearly payment.

##### A. Annual subscription Rs.1000/-

#### Disability contribution as follows

1	Group I	Rs.500/-
2	Group II	Rs.750/-
3	Group III	Rs.1000/-

2. Rs.100/- (One hundred only) to each temporarily disabled member

3. Contribution towards death benefits. During the event of unfortunate death of a member, the family will be given death benefit as given below. This will be fixed amount of 50,000/-

The total amount of death benefits paid each year by the scheme will be equally divided among the active members.

C. DD/Cheque drawn in favour of PDSS Payable at Alappuzha

Send completed proforma, and payments to

**Dr. Manish Nair**

Secretary, PDSS, IMA, KSB

'Krishna', Punnapra PO, Alappuzha-688004

Mob: 94471 87848 E-mail: drmanishnair@yahoo.co.in

### For Office Use Only

Date of application

Receipt No.

Date of receiving

Dated:

Date of enrolment

Policy send on

#### Verification from IMA HQ

Life  Annual  Non-Member

Signature Secretary PDSS IMA KSB