



PENSION SCHEME IMA KERALA STATE

INDIAN MEDICAL ASSOCIATION
KERALA STATE BRANCH

E. No.
R. No.
Date :

APPLICATION FORM

(Read the instructions given overleaf, incomplete application form will be returned)
Please use CAPITAL LETTERS.

1. Name																																				
2. Permanent Address																																				
District																									Pin :											
Phone No.																									Mob :											
3. Father's Name																																				
4. Name of Spouse																																				
5. Age			Date of Birth																																	
6. Qualification																									Year of passing MBBS											
College																																				
University																																				
7. Registration No.																									Year of Registration											
8. Name of Medical Council																																				
9. Date of Joining IMA																																				
10. Name of local branch																																				
11. IMA Life membership No.																																				
12. Schemes, If any	SSS-I No.					SSS-II No.					SSSS No.																									
	PPS No.					HS No.																														
13. Document enclosed to prove age																																				
14. Correspondence Address																																				
District																									Pin :											
Phone No.																									Mob :											
Email																																			
15.	Name of the Nominee(s)															Relationship																				

DECLARATION

I, Dr. aged.....years hereby apply for the membership of the Pension Scheme 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 and that I am having continuous membership in IMA since the year..... I further agree to abide by the Rules and Bye-laws of Pension Scheme, IMA Kerala State.

Enclosed herewith D.D./cheque for Rs.....of which Rs..... being the admission fee (payable as per the age on admission) Rs.500/- towards Annual membership plus Annual premium subscription of Rs..... (Rs.12,000/- or any higher amount). 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 withheld 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.

Details of payment : Cash Cheque D.D. Core Banking

Cheque / D.D. No.....Bank.....

Date of Application :

Signature of the Applicant

NAME OF THE PROMOTER

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.....	Signature Secretary/President, IMA Local Branch
(Branch Seal)	

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|--|-----------------|------------|-------------|------------|---|
| <p>I Membership of Pension Scheme</p> <p>A. Admission Fee</p> <table border="0"> <tr> <td>1. 45 and below</td> <td>Rs.3,000/-</td> </tr> <tr> <td>2. Above 45</td> <td>Rs.5,000/-</td> </tr> </table> <p>B. Annual membership Rs.500/-</p> <p>C. Annual Subscription Rs.12,000/- or any higher amount desired by the member of the Scheme</p> <p>Total to be paid at the time of admission : A+B+C</p> <p>1. Age proving document</p> <p>2. IMA Life Membership Certificate</p> | 1. 45 and below | Rs.3,000/- | 2. Above 45 | Rs.5,000/- | <p align="right">NEDUMBASSERY</p> <p>NB : 1. Demand Draft payable at Bank is preferred.</p> <p>2. For outstation cheques / D.D. please add Rs.40/- extra towards Bank charges.</p> <p>3. Cheques or D.D. are to be drawn in favour of Pension Scheme, IMA Kerala State Branch.</p> <p>II Eligibility of membership</p> <p>Any life member of the Kerala State Branch of the IMA is eligible to become a member of Pension Scheme.</p> <p>III Future yearly payment falls due in April</p> <p>A. Annual membership Rs.500/- (Rs.400/- to Scheme+Rs.100 to IMA KSB)</p> <p>B. Annual subscription Rs.12,000/- or any higher amount.</p> <p>Total to be paid annually A+B</p> |
| 1. 45 and below | Rs.3,000/- | | | | |
| 2. Above 45 | Rs.5,000/- | | | | |

Completed pro-forma with necessary documents and the required payments are to be sent to:-

<p>Dr. Sreekumar Sarma. G, (Hon. Secretary), IMA Periyar House, 3rd Floor, Door No: 15/168 B8, Cubicle No: 11, East Desom, Aluva, Ernakulam -683102, Mob: 9645099551 Email: sarmag2003@gmail.com.</p>	<p>IMA KSB Pension Scheme Mob:+919846166565(Office) Email id:imapensionscheme@gmail.com</p>
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For Office Use only

Date of application : Date of receiving :

Date of enrolment : Receipt No. :

Date :

VERIFICATION REPORT FROM IMA STATE HEAD QUARTERS

Life Annual Non-member

Cheque/DD encashed : YES / NO / Repaid

Policy sent on :

Signature
Secretary, Pension Scheme
IMA Kerala State