



## 5. DECLARATION

The under signed hereby state that the facts furnished above relating to me are true to my knowledge & belief, and I hereby declare that I am a Life/Annual/Non Member of IMA -----local branch. I further agree to abide by the rules & regulations of the scheme, amenable to amendment, from time to time and when need arise.

**Name & Signature of IMA PEPS Member/ Applicant:**

**Name & Signature of MD / Administrator of Hospital / Institution:**

## 6. PAYMENT DETAILS

- i. DD/ Cheque to be drawn in favour of "PEPS-IMA KSB" payable at **Thiruvananthapuram**  
(For Life Membership and Beneficiary)  
**\*(For Outstation Cheques please add Rs. 40/- extra)**

DD / Cheque Amount (Rs.)	
Cheque Service Charge (Rs.)	
DD / Cheque No. & Date	
Name of bank	

## 7. CERTIFICATE FROM IMA BRANCH SECRETARY (for IMA Members)

<p>I, Dr. .... Secretary, IMA .....branch do hereby certify that Dr. .... is presently a Life/Annual member of IMA ..... branch.</p>		
Date:	(Branch Seal)	Signature

### **Membership / Registration Fee Structure\***

(Subject to change, as per the decisions of Managing Committee of the Scheme from time to time)

**a) PEPS Life Membership - Rs. 1,000/-** (Only Life Members of IMA Kerala State can join)

**b) Beneficiaries of the Scheme - Rs. 2,500/-** (Any Modern Medicine Hospital (Govt. /Private), Health Care Institution or Diagnostic Centres in Kerala can register through an IMA 'PEPS' Member.)

*\*(50% concession for registering hospitals/institutions owned by PEPS Members)*

**c) Employment Bureau: Graduates / Junior Doctors - Rs. 500/-;** Post Graduate Specialists - **Rs. 1,000/-;** Super Specialists - **Rs. 2,000/-.** (Any registered modern medicine doctor can join)

*\*(50% concession for IMA PEPS Members)*

<p><b><i>NB: Items 1, 2, 3, 4, 5 &amp; 6 are to be filled in for any type of Membership.</i></b></p> <p><b><i>Fill in items A, B or C according to the type of membership.</i></b></p>		
<p><b><u>Life MEMBER &amp; BENEFICIARY</u></b></p> <p style="text-align: center;"><b>Dr. Ajit Bhaskar</b> <b>Hon. Secretary, PEPS</b> 'SABS', Thadampattuthazham Karaparamba P.O., Calicut - 673010 Mob: 9847001717, 9895410576 Whatsapp: 9288191817 E-mail: cardisindiahealthcare@gmail.com cardisindiabhaskarajit@gmail.com</p>	<p><b><i>Completed Application form along with DD should be sent to:</i></b></p>	<p style="text-align: center;"><b>FOR GENERAL COMMUNICATION</b> <b>PLEASE CONTACT</b></p> <p style="text-align: center;"><b>Dr. Ajit Bhaskar</b> <b>Hon. Secretary, PEPS</b> IMA STATE Headquarters Anayara P.O Thiruvananthapuram – 695029 Tel : 0471-2741144 Fax : 0471-2741155 E-mail: imapeps@gmail.com</p>

**(For office use)**

Date of Receiving:

Date of Enrollment:

DD / Cheque No.

Dated:

Bank:

<b>PEPS Life Membership No.</b>	
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<b>Beneficiary No.</b>	
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