SOCIAL SECURITY SCHEME II

IMA KERALA STATE BRANCH

E.No.

R. No.

Date:

APPLICATION FORM

(Read the instructions overleaf Please use CAPITAL LETTERS. Incomplete application forms will be returned)

1. Name: Dr Sex M F
2. Age: Date of Birth Document for proof
3. Name of father:
4. Name of Spouse:
5. Permanent address:
   District: PIN:
   Phone No.: Mob: +91
6. Correspondence address:
   District: PIN:
   Phone No.: Mob: +91
   E-mail:
7. Qualifications: Year of passing MBBS
   College
   University
8. Registration No. Year of Medical Registration
9. Name of Medical Council
10. Date of joining IMA:
11. Name of local branch
12. IMA Life Membership No. KRL/
13. P.P. Scheme No.

14. Name of the nominee(s): Relationship Nominees' Signature

DECLARATION

I, Dr.....aged.....years, Life member of IMA, do hereby declare that I will implicity abide by the Rules and Bye-laws of Social Security Scheme II 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 whatsever regarding the application. I agree to pay in future the amount demanded as per the constitution of the scheme.

Payment by : DD ☐ Cheque ☐ Core banking ☐ NEFT ☐

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

Date of application.....

Name of the promoter ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 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*

1. Membership

A. Admission fee:

1. Member below the age of 30 years Rs. 3,000
2. 30 years & above but below 35 years Rs. 3,500
3. 35 years & above but below 40 years Rs. 4,000
4. 40 years & above but below 45 years Rs. 5,000
5. 45 years & above but below 50 years Rs. 7,000
6. 50 years & above but below 55 years Rs. 10,000
7. 55 years & above but below 60 years Rs. 15,000

Admission fee once paid will not be refunded

B. Annual Subscription Rs. 500

Total amount payable at admission : A+B

2.. Eligibility of membership

Any Member of IMA Kerala State Branch below the age 60 years on the day of joining. Additionally, for the member ship in the Scheme, life membership in IMA at the time of joining is mandatory

For Queries Please Contact:-
Ph :- 0474-2733303, 9645086063
Email:-imasss2kerala@gmail.com
Website: www.imakeralassstwo.com

* Future Yearly payments for 25 years only with last date on 31st August and a fine of Rs. 100/- per month thereafter.

1. Annual subscription **Rs. 500/-**
2. Fraternity contribution **Rs. 300/- per death**
3. Fraternity benefit will be paid only if the member has **completed 1 year** from the date of joining the scheme

DD/Cheque drawn in favour of **'Social Security Scheme II, IMA Kerala State Branch"** and payable at Kollam.

Self attested copies of documents to be attached:

1. Age proving document

2. IMA Life Member Certificate

Send completed proforma, and payments to:

Hon. Secretary
DR. C.R.Jayasankar
Parathoor House
Uliyakovil P.O., Kollam -691019
Ph :- 9447066063
Email :-crjsankar@yahoo.com

For Office Use Only

Verification from IMA HQ ☐ Life ☐ Annual ☐ Non-Member

Date of application ☐☐☐☐☐☐☐☐ Receipt No. ☐☐☐☐☐☐

Date of receiving ☐☐☐☐☐☐☐☐ Dated ☐☐☐☐☐☐☐☐

Date of enrolment ☐☐☐☐☐☐☐☐ Policy sent on ☐☐☐☐☐☐☐☐

Signature Secretary SSS-II, IMA KSB