



# PROFESSIONAL PROTECTION SCHEME OF IMA KERALA STATE

## Form of Application for Membership

Name				
Permanent Address				
District		Pin:		
Email ID				
Mobile Number				
Correspondence Address				
District		Pin:		
Aadhaar No.				
Gender				
Father Name				
Name of Spouse				
Age		Date of Birth:		
Medical Council Regs. No				
Year of Registration				
Name of Medical Council				
Specialty				
Date of Joining IMA				
IMA Life Membership No				
IMA Local Branch				
Current Designation				
Qualification	Name of Institution	Year of Passing	Authority	
Professional Details	Name of the Institution working at present	Designation	Address	Contact
Whether insured with any insurance company under Indemnity Scheme and if so, give name of the company, Policy No. & date of expiry.				
Whether you are a member of any other scheme of IMA, please mention the Scheme and membership No				
PP Scheme IMA KSB No (If already a member)				
No: of additional units required (multiple units)				
Whether Enhanced Protection unit required				

### DECLARATION

I.....a member of..... branch of IMA, do hereby declare that the details furnished above are true and correct and that I will abide by the Rules and Regulations of the Professional Protection Scheme of IMA, Kerala State, as amended on 27-06-93, 12-11-94, 10-11-96, 22-11-97, 14-11-98, 27-11-99 and 09-11-2013.

Signature:

Date:

Name:

### CERTIFICATE FROM BRANCH PRESIDENT/SECRETARY

I Dr. ....President/Secretary of.....  
Branch of IMA. do hereby certify that Dr. ....is a current  
Member of .....Branch.

Signature of Branch President/Secretary:

Branch Seal

### Payment Details

Cheque/DD	Name of the Bank, Branch	Cheque/DD No	Dated	Amount

  

NEFT/IMPS/UPI	Name of the Bank, Branch	Transaction ID No.	Date	Amount

### INSTRUCTIONS

1. Membership to PP Scheme is restricted to the members of any Branch of IMA in Kerala State only.
2. Membership fee can be paid by Cheque/DD/NEFT/IMPS/Online Payment through the website [www.imakerala.com](http://www.imakerala.com)
3. Cheque / DD can be drawn in favor '**P.P. Scheme of IMA, Kerala State**' and not in the name of any office bearer.
4. DD payable at **ERNAKULAM**
5. Membership fee once paid will not be refunded.
6. If notice is received by a member, forward the following documents immediately to the secretary,  
(i) Photostat copy of the notice (ii) A detailed note on the incidents (iii) A photocopy of case sheet,  
(iv) Contact Address with phone number, mobile & E mail.
7. Reply to the notice will be made only after getting intimation to the State Secretary of the Scheme.
8. A member can avail the benefit of one or more units of membership as per fees given below.
9. **Membership fee per unit**

First year	Rs. 2000/-
Second year	Rs. 1900/- (if no legal assistance)
Third year	Rs. 1800/- (if no legal assistance)
Fourth year	Rs. 1700/- (if no legal assistance)
Fifth year	Rs. 1600/- (if no legal assistance)
Sixth year and onwards	Rs. 1500/- (if no legal assistance)

10. Membership for Enhanced Protection unit is Rs. 10,000/-

11. Application form duly filled with the Cheque/DD/NEFT/IMPS/Online Payment Details may be sent to:

<b>Dr. Cyriac Thomas</b> IMA Periyar House 3rd Floor, Door No: 15/168 B7 Cubicle No: 5 East Desom, Aluva Ernakulam – 683 102	Email id: <b>ppsimaksb@gmail.com</b> Mob: <b>9287 274 922</b> Mob: <b>9287 274 896</b> (WhatsApp) Secretary: <b>8111 916 263</b>
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### For office use only

Membership No. allotted:	
Date of receipt:	
Date of commencement of the membership:	
Application form: complete/incomplete	
Remarks:	

Signature of  
Hon. Secretary of P.P. Scheme