



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

(PTO)

DECLARATION

1. 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 yearI 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 the age on admission) Rs.600/- towards Annual membership plus Annual premium susscription of Rs..... (Rs.12,000/- of any higher amount). I understand that my enrollment 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..... Acc. No. : 06 02 05 30 00 00 63 15
Bank :..... IFSC : SIBL 0000 602
Date of Application :..... Bank : South Indian Bank
Branch : Nedumbassery

Signature of the Applicant

NAME OF THE PROMOTER

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Certificate from the Branch Seretary / President

1. 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).

Signature
Secretary/President, IMA Local Branch

Date (Branch Seal)

I Membership of Pension Scheme

- A. Admission Fee
- Below 45 yrs – Rs.3000+ (20% additional fee 600/-) = 3600/-
 - 45-60 yrs – Rs.5000+ (20% additional fee 1000) = 6000/-
 - Above 60 yrs – Rs. 7500+ (20% additional fee 1500) =9000/-

B. Annual membership
500+(20% additional fee 100/-) = 600/-

C. Annual Subscription Rs.12.000/-
or any higher amount desired by the member of the Scheme
Total to be paid at the time of admission : A+B+C

1. Age proving document
2. IMA Life Membership Certificate

- NB : 1. Demand Draft payable at Nedumbassery is preferred.
2. For outstation cheque / D.D. please add Rs.40/- extra towardsBank Charges
3. Cheques or D.D are to be drawn in favor of Pension Scheme,IMA Kerala State Branch.

II Eligibility of membership
Any life member of the Kerala State Branch of the IMA is eligibletto become a member of Pension Scheme.

- III Future yearly payment falls due in April
- A. Annual membership Rs.500/- (Rs.500/- to Scheme+Rs.100 to IMA KSB+100 additional fees)
 - B. Annual subscription Rs.12,000/- or any higher amount.Total to be paid annually A+B

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

Dr. Sreekumar Sarma.G, (Hon.Secretary),
IMA periyar House, 3rd Floor, Door No.15 / 168 B8,
Cubicle No. 11, East Desom, Aluva, Ernakulam- 683 102,
Mob: 9645099551, Email: sarmag2003@gmail.com

IMA KSB
Pension Scheme
Mob: +919846166565 (office)
Email Id: imapensionscheme@gmail.com

For Office use only

Date of application :

 Date of receiving :

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Date of enrolment :

 Receipt No :

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Date :

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VERIFICATION REPORT FROM IMA STATE HEAD QUARTERS

Life	Annual	Non-member

Cheque/DD encashed : YES / NO / Repaid
Policy sent on :

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Signature
Secretary, Pension Scheme
IMA Kerala State