PROFESSIONAL PROTECTION SCHEME OF IMA

KERALA STATE

FORM OF APPLICATION FOR MEMBERSHIP

1.	Name & Address in Capital Letters (with Pin Code)		Age:			
		60	Phone No. & {F STD Code {Ho E-mail:			
2.	Address to which correspondence is to be made with Pincode & Phone number					
1300	AT " AT THE RESIDENCE OF THE PARTY OF THE PA					
3.	Father's/Husband's Name	•	2 2			
4.	Qualifications		Name of University	Year of Pa	ssing	
	1.		F61 (2)			
	2.					
			2			
	3.		*			
	Any Other					
5.	Registration No. with name of the					
	Medical Council & Year of Registration					
6.	Name of the institution where you are working at present	:				
7.	Whether insured with any insurance compa under Indemnity Scheme and if so, give nar of the company, Policy No. & date of expiry	ne				
8.	Whether you are a current member of the IMA and if so, the name of the Branch	. :				
9.	Are you a Life Member of IMA and if so, give the Membership No.			x.		
10.	Date of despatch	:				
	*	DECLAR	ATION			
l	a m	ember of .		branch of IMA,	do hereby,	
decl	are that the details furnished above are true a	and correct	and that I will abide by	the Rules and Regul	ations of the	
Prof	essional Protection Scheme of IMA, Kerala	State, as	amended on 27/06/93	3, 12/11/94, 10/11/9	6, 22/11/97,	
14/1	1/98 & 27/11/99.		:1 (F) = 1			
			(Signature	91	
Date				Name:		
Dale						
	CERTIFICATION FROM 1	HE BRA	NCH PRESIDENT/S	ECRETARY		
I, D	President/S	ecretary, I	MA	Branch do her	eby certify	
that	Dris a current Ordinal	y (Annual)	/Life Member of IMA		3ranch	
			Signature	e .		
Date	(Branch Seal)	President/	Secretary, IMA		Branch	

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 or in Cash.
- Cheque/DD can be drawn infavour "P.P.Scheme of IMA, Kerala State" and not in the name of any office bearer. Please add Rs. 30/- to each out station Cheque, towards Bank Commission.
- 4. DD may be payable at Thalassery
- 5. Membership fee once paid will not be refunded.
- Claims arising inside the jurisdiction of Kerala State alone will be entertained. Claims upto Rs. 5 Lakh in a single case and Rs. 10 Lakh in one year in more than one case in a year, will be paid by the Scheme.
- 7. If notice is received by a member, forward the following documents immediately to the Secretary:
 - 1. Photostat copy of the notice
 - 2. A detailed note on the incidence
 - 3. A Photocopy of Case Sheet if available.
 - 4. Contact address with phone number, mobile & E-mail
- 8. Reply to the notice will be made only after intimating the State Office bearers of the Scheme.
- 9. Membership Fee

Sixth Year onwards

First Year

Second Year

Rs. 1500/
Rs. 1400/- (if no claim)

Third Year

Rs. 1300/- (if no claim)

Fourth Year

Rs. 1200/- (if no claim)

Fifth Year

Rs. 1100/- (if no claim)

Application form duly filled with the Cheque/DD/Cash may be sent to:

Rs. 1000/-

Dr. Jayakrishnan A.V Narayani Nivas, Ambalappatta, Pattambi Road, Perinthalmanna–679322 Tel: 0493-3325434 (R) 3300 000 (H)

Mob: 98470 04064 94470 79074

(FOR OFFICE USE ONLY)

(if no claim)

Memb. No. allotted:

Application form: Complete/Incomplete

Date of Receipt:

Remarks:

Date of Commencement of membership: