

SOCIAL SECURITY SCHEME II

IMA KERALA STATE BRANCH

APPLICATION FORM

E.No. R.No. Date

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

1. Name:

D	r																		
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 Sex

M	F
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[illegible]

3. Name of Father :

4. Name of Spouse :

[illegible]

Address :

District :

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Phone No :										Mob:	+	9	1							
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[illegible]

Address :

[illegible][illegible][illegible]

7. Qualifications :		Year of passings MBBS	
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College :	
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University :

8. Registration No :

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 Year of Medical Registration

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[illegible]

10. Date of Joining IMA

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[illegible][illegible]

13.P.P. Scheme No.

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14.Adhar Card No.

15. Name of Nominee(s):	Relationship	Nominee's Signature
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[illegible]

I, Dr.....aged.....years, Life member of IMA, do hereby declare that I will implicitly 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 IMAbranch and 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 whatsoever 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 IMABranch do hereby certify that Dr.is a Life member of IMABranch and that he/she is having continuous membership in IMA since.....(year)
Date..... (Branch Seal) Signature of IMA Branch Secretary / President

Membership

Admission Fee + Annual subscription

1. Member below the age of 45 years Rs. 4,400
2. 45 years & above but below 60 years Rs.8,400

Admission fees once paid will not be refunded

2. Eligibility of membership

Any Member of IMA Kerala State Branch below the age 60 years on the day of joining .

1. Annual Subscription

Every member of SSS II shall pay Rs. 400/- every year as annual subscription fee for a period of 25 years

2. Fraternity contribution

Every member of the SSS II shall pay fraternity contribution per death of the members as per schedule given below

If the deceased person been a member of the scheme for	Payment to be paid by each member
More than 10 years	Rs. 300/-
More than 5 yrs but upto 10 yrs	Rs. 225/-
From end of lock in period upto 5 yrs	Rs. 150/-

However if the deceased member is below 45 years of age or if the death is due to natural calamities or traffic accidents irrespective of the age of the person every member shall pay Rs 300/- for that death provided the deceased member has been a member of the scheme for at least one year from the date of joining the scheme, and for all at least two years from the date of joining the scheme, If the member was 50 years & above on the joined date in the scheme.

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

Honorary Members

After 25 years the member need not make any payment to the scheme II but remain as an honorary member enjoying all the benefits of a member. For this, 25 years will be calculated from the date of enrollment into the scheme

DD/Cheque drawn in favour of "Social Security Scheme II, IMA Kerala State branch" and payable at Pandalam

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. RAMALINGAM A

Hon. Secretary, SSS 2, IMA KSB

Kesavasadanam

Near Sumi Arcade, Pandalam (P.O)

Pathanamthitta District Pin : 689501

For Queries Please contact:-

Mob : 8547253349, 04734-292847

email: imasss2kerala@gmail.com

www.imakeralassstwo.com

For Office Use Only

Verification from IMA HQ

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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