SOCIAL SECURITY SCHEME II

KERALA STATE BRANCH

INDIAN MEDICAL ASSOCIATION

ESTD: 1987

E. No.
R. No.
Date :

APPLICATION FORM

(READ THE INSTRUCTIONS GIVEN OVERLEAF. INCOMPLETE APPLICATION FORM WILL BE RETURNED) PLEASE USE CAPITAL LETTERS.

1. Name

Permanent Address

District PIN

Phone No. Mob:

2. Father's Name

3. Name of Spouse

4. Age Date of Birth

5. Qualification Year of Passing MBBS

College

University

6. Registration No. Year of Medical Registration

7. Name of Medical Council

8. S.S.S. I. No.

9. Date of Joining of IMA P.P. Scheme Membership No.

10. IMA Life Membership Number

11. Name of local branch

12. Document enclosed to prove Age

13. Correspondence address

District PIN

Phone No. Mob:

E-mail : .....

14. Name of the Nominee (s) & relationship

15. Signature of the Nominee (s):

[PTO]

DECLARATION

I, Dr..... Aged.....years hereby apply for the membership of the Social Security Scheme II 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 year ..... I further agree to abide by the Rules and Bye-laws of Social Security Scheme II.

Enclosed herewith D.D./ Cheque for Rs. ..... of which Rs. ..... being the admission fee (payable as per the age on admission) plus Rs.500 towards the annual subscription. I understand that my enrolment to the scheme will be effective only after realisationof the cheque/DD and issueing 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..... Bank :.....

Date of Application : ..... Signature of the Applicant

NAME OF THE PROMOTER

Certificate from the Branch Secretary

I, Dr. ..... Secretary, 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

Date ..... *(Branch Seal)* *Secretary, Local IMA Branch.*

I Membership

A. Admission Fee :

1. 55 Years but below 60 years ..... Rs. 15,000
2. 50 Years but below 55 years ..... Rs. 10,000
3. 45 Years but below 50 years ..... Rs. 7,000
4. 40 Years but below 45 years ..... Rs. 5,000
5. 35 Years but below 40 years ..... Rs. 4,000
6. 30 Years but below 35 years ..... Rs. 3,500
7. Below 30 years ..... Rs. 3,000

B. Annual Subscription ..... Rs. 500/-

Total to be paid at time of admission : A + B

NB:- 1. Demand Draft payable at Koyilandy are preferred.
2. For outstation Cheques / D.D please add. Rs. 40/- extra towards Bank charges.
3. Cheques or D.D. are to be drawn in favour of 'Social Security Scheme-II, IMA, Kerala State Branch'

III. Eligibility of membership

Any Life member of the Kerala State Branch of the IMA below the age of 60 years on the day of joining is eligible to become a member of Scheme II

Provided :

1. A Life member of 55 years and below the age of 60 years has a continuous membership of Kerala State Branch of IMA at least for 5 years on the day of joining the Scheme - II.
2. A Life member of 45 years and below the age of 55 years has a continuous membership of Kerala State Branch of IMA at least for 3 years on the date of joining the Scheme - II.
3. For a Life member below the age of 45 years, period of continuous membership in IMA is not mandatory.

III. Future yearly payment falls due in August

1. **Annual subscription Rs. 500/-**
2. **Fraternity Contribution Rs. 300/- per death**
3. **Payment to be made for 25years only**

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

* **1. Age proving document.**
2. IMA Life Membership Certificate.

Dr. O.K.BALANARAYANAN
Hony. Secretary :
S.S. SCHEME, IMA, KSB.
'Prasannam', Kothamangalam,
Koyilandy- 673305, Kozhikode (Dist.)

Phone : 0496-2620632, 2211317 (R), 0496-2621954 (O)
Mobile : 9446956062
E-mail : drbalanarayanan@yahoo.com

For Office Use Only

Date of application : ☐☐ ☐☐ ☐☐☐☐

Date of enrolment : ☐☐ ☐☐ ☐☐☐☐

Date of receiving : ☐☐ ☐☐ ☐☐☐☐

Receipt number : ☐☐☐☐☐

Date : ☐☐ ☐☐ ☐☐☐☐

VERIFICATION REPORT FROM IMA STATE HEAD QUARTERS ☐ Life ☐ Annual ☐ Non- Member

Policy sent on : ☐☐ ☐☐ ☐☐☐☐

Signature

Secretary, SSS, IMA, KSB