



SENIOR SOCIAL SECURITY SCHEME
SCHEME III
KERALA STATE BRANCH
INDIAN MEDICAL ASSOCIATION
APPLICATION FORM

E. No
R. No.
Date :

(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 Registration

7. Name of Medical Council

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

DECLARATION

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

Enclosed herewith D. D./Cheque for Rs.....of which Rs.....being the admission free (payable as per the age on admission) plus Rs. 1000 towards the annual subscription. I understand that my enrolment to the scheme will be effective only after realisation of the cheque/DD 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..... 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)

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

- I Membership
- A. Admission Fee:
 - 1. Above 75 years : Rs. 40,000/-
 - 2. 70 Years but below 75 : Rs. 35,000/-
 - 3. 65 Years but below 70 : Rs. 30,000/-
 - 4. 60 Years but below 65 : Rs. 25,000/-
 - 5. 55 Years but below 60 : Rs. 20,000/-
 - 6. 50 Years but below 55 : Rs. 15,000/-
 - 7. 45 Years but below 50 : Rs. 10,000/-
 - 8. 40 Years but below 45 : Rs. 7,000/-
 - 9. 35 Years but below 40 : Rs. 5,000/-
 - 10. 30 Years but below 35 : Rs. 4,000/-
 - 11. 25 Years but below 30 : Rs. 3,000/-
- B. Annual Sub scription Rs. 1000/-

- NB:- 1. Demand Draft payable at Thrissur is preferred.
- 2. For outstation Cheques / D. D. please add Rs. 30 - extra towards Bank charges
- 3. Cheques or D. D. are to be drawn in favour of Senior Social Security Scheme IMA, Kerala State Branch
- II. Eligibility of membership
Any life member of the Kerala State Branch of the IMA is eligible to become a member of Senior Social Security scheme
- III. Future yearly payment falls due in June
 - 1. Annual subscription Rs. 1000
 - 2. Fraternity Contribution Rs. 500/- per death

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

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. Jain Chimmen
Hony. Secretary. SSSS, IMA, KSB
Daya General Hospital
Shoranur Road, Thrissur - 680 022
Tel : 0487 2325920 (H)
Mob : 9447002530
Email : jchimmen@rediffmail.com

For Office Use Only

Date of application :	<input type="text"/>	Date of receiving :	<input type="text"/>
Date of enrolment :	<input type="text"/>	Receipt number :	<input type="text"/>
		Date :	<input type="text"/>

VERIFICATION REPORT FROM IMA STATE HEAD QUARTERS

Life Annual Non-Member

Policy sent on: