SOCIAL SECURITY SCHEME III

KERALA STATE BRANCH

INDIAN MEDICAL ASSOCIATION

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:

Aadhaar No.

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
15. Signature of the Nominee(s)
    1) :
    2) :
    3) :
    4) :
    5) :
    6) :

(PTO)

DECLARATION

I, Dr..... aged..... years hereby apply for the membership of the Social Security Scheme III 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 III.

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/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.....Bank: .....

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

NAME OF THE PROMOTER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Certificate from the Branch Secretary/President

I, 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)

Date: ..... (Branch Seal)

Signature
Secretary / President, Local IMA Branch

I Membership

A. Admission Fee

1. Above 75 Years : ₹ 40,000/-
2. 70 Years but below 75 : ₹ 35,000/-
3. 65 Years but below 70 : ₹ 30,000/-
4. 60 Years but below 65 : ₹ 25,000/-
5. 55 Years but below 60 : ₹ 20,000/-
6. 50 Years but below 55 : ₹ 15,000/-
7. 45 Years but below 50 : ₹ 10,000/-
8. 40 Years but below 45 : ₹ 7,000/-
9. 35 Years but below 40 : ₹ 5,000/-
10. 30 Years but below 35 : ₹ 4,000/-
11. 25 Years but below 30 : ₹ 3,000/-

B. Annual Subscription ₹ 1000/-

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

NB: 1. Demand Draft payable at **Pattambi** is preferred.
2. For outstation Cheques / D.D. please add ₹ 30 - extra towards Bank charges
3. Cheques or D.D. are to be drawn in favour of **Social Security Scheme III, 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 Social Security Scheme III

III Future yearly payment falls due in June

1. Annual subscription ₹ 1000/-
2. Fraternity Contribution ₹ 500/- per death

Completed Pro-forma with necessary documents* and the required payments are to be sent by Regd or Speed post, to:

*1. Age proving document
*2. IMA Life Membership Certificate
*3. Copy of Aadhaar should be attached

Dr. Krishna Kumar. P.V
Hon. Sec. SSS III, IMA KSB
Krishna Quarters
Near Arangottukara Post Office
Arangottukara P.O., Thrissur - 679 532
Office: 7034445788
Email: ssssimaksb@gmail.com

For Office Use Only

Date of application : ☐☐ ☐☐ ☐☐☐☐ Date of receiving : ☐☐ ☐☐ ☐☐☐☐

Date of enrolment : ☐☐ ☐☐ ☐☐☐☐ Receipt number : ☐☐☐☐☐

Date : ☐☐ ☐☐ ☐☐☐☐

VERIFICATION REPORT FROM IMA STATE HEAD QUARTERS

Policy set on : ☐☐ ☐☐ ☐☐☐☐

Signature
Secretary, SSS III IMA KSB