

Received Dt.

SOCIAL SECURITY SCHEME III

IMA KERALA STATE BRANCH

Please Affix your passport size Photo

APPLICATION FORM

E. Date:

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DECLARATION

illness. I hereby declare that I am a Life member of IMA through. Incard branch. I further agree to abide by the Rules and Bye-laws of Social Security Scheme III. Enclosed herewith DJ / Cheque for Rs. I do hereby declare that ear earliestion of the Cheque/DL and issuing of the policy document of 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: Cheque D.D. Core Banking Cheque/DD. No. Bank: Details of payment: Cheque D.D. Core Banking Cheque/DD. No. Bank: Date of Application: Signature of the Applicant NAME OF THE PROMOTER (if any) Certificate from the Branch Secretary/President I, Dr. Secretary / President, IMA		aged years hereby apply for the membership of the Medical Association. I declare that I am not suffering from any terminal
Enclosed herewith D.D / Cheque for Rs	illness. I hereby declare that I am a Life member of IMA thr	ough
(payable as per the age on admission) plus Rs. 1000 lowards 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 with held 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: Cheque □ D.D. □ Core Banking □ Cheque/D.D. No. □ Bank: □ Signature of the Applicant NAME OF THE PROMOTER (if any) □ Signature of the Applicant I, Dr. □ Secretary / President, IMA □ is a Life member of IMA □ since □ (year) □ Signature Branch and that he/she is having continuous membership in IMA since □ (year) □ Signature Branch and that he/she is having continuous membership in IMA since □ (year) □ Signature Branch Seal Secretary / President, Local IMA Branch I Membership A I Eligibility of membership Any life member of IMA Kerala State Branch below age of 65 years is eligible to become a member of Social Security Scheme III Future yearly payment to be done before June 30 1. Annual subscription ₹ 1000/- 101ato be paid at the time of admission : A+B NB: Demand Draft payable at Thodupuzha or Cheque to be drawn in favour of Social Security Scheme III Future yearly payment to be done before June 30 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual subscription ₹ 1000/- 1. Annual su		
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Certificate from the Branch Secretary/President Dr	Date of Application :	Signature of the Applicant
I, Dr	NAME OF THE PROMOTER (if any)	
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branch do hereby certify that Dr. Branch and that he/she is having continuous membership in IMA since	Certificate from the i	Branch Secretary/Fresident
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Signature Date:	branch do hereby certify that Dr	is a Life member of IMA
Date:	Branch	and that he/she is having continuous membership in IMA
Date:	since(year)	Signature
A. Admission Fee 1. Below 45 Years : ₹ 5,000/- 2. 45 Years but below 55 : ₹ 10,000/- 3. 55 Years but below 65 : ₹ 20,000/- B. Annual Subscription ₹ 1000/- Total to be paid at the time of admission : A+B NB: Demand Draft payable at Thodupuzha or Cheque to be drawn in favour of Social Security Scheme III, IMA Kerala State Branch Application form duly filled with necessary documents* and the required payments are to be send by Regd. or Speed post, to: Dr. AJI P.N. *1. Age proving document *2. IMA Life Membership Certificate *3. Copy of Aadhaar should be attached Total to be paid at the time of admission : A+B NB: Demand Draft payable at Thodupuzha or Cheque to be drawn in favour of Social Security Scheme III, Upto 5 years Thodupuzha or Cheque to be drawn in favour of Social Security Scheme III, Upto 5 years Thodupuzha or Cheque to be drawn in favour of Social Security Scheme III, Upto 5 years Thodupuzha or Cheque to be drawn in favour of Social Security Scheme III Demand Draft payable at Thodupuzha or Cheque to be drawn in favour of Social Security Scheme III Future yearly payment to be done before June 30 1. Annual subscription ₹ 1000/- More than 10 years ₹ 500/- More than 5 years but upto 10 years ₹ 250/- Depart of Social Security Scheme III Puture yearly payment to be done before June 30 1. Annual subscription ₹ 1000/- More than 10 years ₹ 500/- More than 10 years ₹ 375/- Upto 5 years ₹ 250/- Per death When Sec. SSS III,IMA KSB III. IMA KSB	Date: (Branch	
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