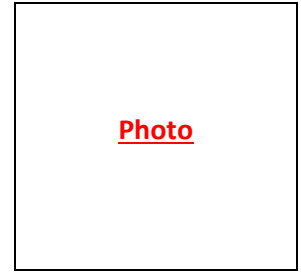




**PROFESSIONAL PROTECTION SCHEME OF I.M.A
KERALA STATE**

FORM OF APPLICATION FOR MEMBERSHIP

1. Name & Address in Capital Letters :
(with PIN Code)



Phone No. (Resi) & STD Code:

Mob No:

Hospital Phone No & Email id:

2. Address to which correspondence is
to be made with Pin code &
Phone Number :

Age:

3. Fathers / Husband's Name :

4. Qualification	Name of University	Year of Passing
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1.

2.

3.

Any other

5. Registration No. with name of the
Medical Council & Year of Registration :

6. Specialty :

7. Name of the Institution where
You are working at present :

8. Whether insured with any insurance
company under Indemnity Scheme and
if so, give name of the company,
Policy No. & date of expiry. :

9. Whether you are a current member of the
IMA and if so, name of the Branch :

10. Are you a life Member of IMA and if so,
give the Membership No. :

11. Whether you are a member of any
other scheme of IMA, please
mention the Scheme and membership No :

12. PP Scheme IMA KSB No (If already a member) :

13. No : of additional units required (multiple units) :

14. Whether Enhanced Protection unit required :

DECLARATION

I.....a member of..... branch of IMA, do hereby declare that the details furnished above are true and correct and that I will abide by the Rules and Regulations of the Professional Protection Scheme of IMA, Kerala State, as amended on 27-06-93, 12-11-94, 10-11-96, 22-11-97, 14-11-98, 27-11-99 and 09-11-2013.

Signature

Date:

Name

CERTIFICATION FROM THE BRANCH PRESIDENT / SECRETARY

I, Dr..... President / Secretary, IMA..... Branch do hereby certify that Dr.....is a current Ordinary (Annual)/Life Member of IMA..... Branch

Date:

(Branch Seal)

Signature

President/Secretary,

IMA.....Branch

(P.T.O)

INSTRUCTIONS

1. Membership to PP Scheme is restricted to the members of any Branch of IMA in Kerala State only.
2. Membership fee can be paid by Cheque/DD or in Cash
3. Cheque / DD can be drawn in favour '**P.P. Scheme of IMA, Kerala State**' and not in the name of any office bearer.
4. DD may be payable at Perinthalmanna.
5. Membership fee once paid will not be refunded.
6. If notice is received by a member, forward the following documents immediately to the secretary,
 - (i) Photostat copy of the notice
 - (ii) A detailed note on the incidents
 - (iii) A photocopy of case sheet,
 - (iv) Contact Address with phone number, mobile & E mail.
7. Reply to the notice will be made only after getting intimation to the State Secretary of the Scheme.
8. A member can avail the benefit of one or more units of membership as per fees given below.
9. Membership fee per unit :

First year	Rs. 2000/-
Second year	Rs. 1900/- (if no legal assistance)
Third year	Rs. 1800/- (if no legal assistance)
Fourth year	Rs. 1700/- (if no legal assistance)
Fifth year	Rs. 1600- (if no legal assistance)
Sixth year and onwards	Rs. 1500/- (if no legal assistance)
10. Membership for Enhanced Protection unit is Rs. 10,000/-
11. Application form duly filled with the Cheque/DD/Cash may be sent to :

OFFICE

Tel: 9287274922
9287274896
Email id: ppsimaksb@gmail.com

Dr. SAMUEL KOSHY
C K Complex, Nr J J Hospital
Pattambi Road, Perinthalmanna - 679 322
Tel: 04933-229 790 (R), 307 108 (H)
Mob: 98470 19262
E-mail: dr.kosh2001@yahoo.com

(FOR OFFICE USE ONLY)

Memb. No. allotted: _____ Application form: Complete/Incomplete

Date of Receipt: _____ Remarks: _____

Date of Commencement of the membership _____

Signature of
Hon. Secretary of P.P. Scheme