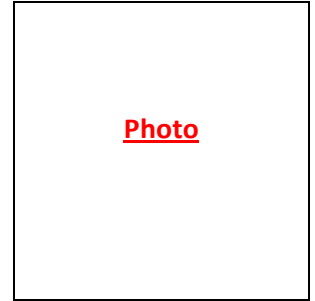


**PROFESSIONAL PROTECTION SCHEME OF I.M.A
KERALA STATE
FORM OF APPLICATION FOR MEMBERSHIP**

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



Phone No. (Resi) & STD Code:

Mob No:

Hospital Phone No & Email id:

Age:

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

3. Fathers / Husband's Name :

4. Qualification	Name of University	Year of Passing
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1.

2.

3.

4.

Any other

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

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

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

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

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

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

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

12. No : of Membership units required :

13. Date of despatch :

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

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. Please add Rs. 30/- to each out station Cheque, towards Bank Commission.
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 if available,
 - (iv) Contact Address with phone number, mobile & E mail.
7. Reply to the notice will be made only after intimating the State office 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 claim)
Third year	Rs. 1800/- (if no claim)
Fourth year	Rs. 1700/- (if no claim)
Fifth year	Rs. 1600/- (if no claim)
Sixth year and onwards	Rs. 1500/- (if no claim)
10. 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
 Old EMS HOSPITAL, OPP ALankar Auditorium
 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