



**NATIONAL PROFESSIONAL PROTECTION SCHEME OF IMA
FORM OF APPLICATION FOR MEMBERSHIP**

1. Name & Address in Capital Letters :
(With Pin Code) Age :

Phone No. & STD Code Res : Hosp:
Fax/Email : Mob:

2. Address to which correspondence is
is to be made (with Pin Code) :

3. Father's/Husband's Name :

4. Qualifications Name of University Year of Passing

1)

2)

3)

Any other:

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

6. Name of the Institutions 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. Name of the Local Branch & State :

9. IMA Life Membership No. :

10. Remittance by DD payable at :
Thiruvananthapuram (details)

DECLARATION

I a Life Member of Branch of IMA
under State/Territorial Branch do hereby, declare that the
details furnished above are true and correct and that I will abide by the Rules and Regulations of
National Professional Protection Scheme of IMA.

Signature

Date

Name

CERTIFICATE FROM LOCAL BRANCH PRESIDENT/SECRETARY

I, Dr. President/Secretary, IMABranch do
hereby certify that Dr. is a Life member of IMA
..... Branch State

Signature

Date (Branch Seal) President/Secretary, IMABranch

INSTRUCTIONS

1. Membership to National P P Scheme is restricted to the Life members of IMA only.
2. Membership fee can be paid by DD only.
3. DD should be drawn in favour of "**National PPScheme of IMA**" payable at '**Thiruvananthapuram**' and not in the name of any office bearer.
4. Membership fee once paid will not be refunded.
5. Claims arising inside the jurisdiction of Republic of India only will be entertained. Claims upto Rs.5Lakhs in a single case and Rs.10Lakhs in one year, will only be paid by the Scheme.
6. If legal notice/case is received by a member, forward the following documents immediately by Fax followed by Xerox copies (within 7 days) to the Hon. Secretary –
 - a. Xerox copy of the **notice/case**
 - b. Xerox copy of **Case Sheet**
 - c. Xerox copy of other relevant documents
 - d. A detailed **version of the incidence** (computer print in **English**)
 - e. Please attach **certified translation in English** of the documents
7. Reply to the legal notice/cases should be made only after getting the reply of the Hon. Secretary.
8. Membership Fee:

First Year	Rs. 3000/-	
Second Year	Rs. 2900/-	(if no claim)
Third Year	Rs. 2800/-	(if no claim)
Fourth Year	Rs. 2700/-	(if no claim)
Fifth Year	Rs. 2600/-	(if no claim)
Sixth Year	Rs. 2500/-	(if no claim)
9. Application form duly filled with the DD, may be send to:

National P.P.S Office
IMA KSB Head Quarters,
Anayara P.O
Thiruvananthapuram-695029
Kerala State
Email: imanpps@gmail.com

Dr. S. Alex Franklin
(Hony. Secretary, NPPS)
'Thudakkottil', Dr. Pai Road
T.C. 19/1850/2, Dr. PNRA - 34
Poojappura, Thiruvananthapuram-695012
Tel: 0471-2344674 (R) Mob: 9447016953
E-mail: dralexfranklin@gmail.com
dralexfranklin@yahoo.com

(FOR OFFICE USE ONLY)

Membership. No. Allotted:
Complete/Incomplete

Application form:

Date of Receipt:

Remarks:

Date of Commencement of membership:

Signature of Hon. Secretary of N P P Scheme