



IMA NATIONAL PENSION SCHEME

INDIAN MEDICAL ASSOCIATION



IMA
National Pension Scheme

APPLICATION FORM

(Read the instructions given overleaf, incomplete application form will be returned)
Please use CAPITAL LETTERS.

| |
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| E. No. |
| R. No. |
| Date : |

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| 1. Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Permanent Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PIN | | | | | | | | | | | | | | |
| Phone No. | | | | | | | | | | | | | | | | | | | | | | | | | | Mob: | | | | | | | | | | | | | | | | | | | |
| 3. Father's Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Name of Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Age | | | Date of Birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Qualification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Year of Passing MBBS | | | | | | | | | |
| College | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| University | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Registration No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Year of Registration | | | | | | | | | |
| 8. Name of Medical Council | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Date of Joining of IMA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Name of local branch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Name of State Branch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. IMA Life membership No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Schemes, if any | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Document enclosed to prove age | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Correspondence Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PIN | | | | | | | | | | | | | | |
| Phone No. | | | | | | | | | | | | | | | | | | | | | | | | | | Mob: | | | | | | | | | | | | | | | | | | | |

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| 16. E-mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Name of the Nominee(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship | | | | |
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DECLARATION

I, Dr. aged years hereby apply for the membership of the IMA National Pension Scheme 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/State Branch,

.....I further agree to abide by the Rules and Bye-laws of IMA National Pension Scheme.

Enclosed herewith D. D./cheque for Rs.of which Rs.....being the admission fee (payable as per the age on admission) Rs. 1000/- towards Annual - Fee plus Annual premium subscription of Rs.....(Rs. 12,000/- or any higher amount). 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 byo-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, IMAbranch do hereby certify that Dr..... is a Life member of IMA Local / State Branch and that he/she is having continuous membership in IMA since.....(year)

Date..... (Branch Seal) Secretary/President, IMA Local Branch

I Membership of Pension Scheme

- A. Admission Fee: Below 30 years Rs. 3000/- 30 - 35 Rs. 4000/- 36 - 40 Rs. 5000/- 41 - 45 Rs. 6000/- Above 45 Rs. 7000/-

- B. Annual membership Rs. 1000/-
- C. Annual Subscription Rs. 12,000/- or any higher amount desired by the member of the Scheme
- Total to be paid at the time of admission: A+B+C

- NB. Cheques or D. D. are to be drawn in favour of IMA National Pension Scheme payable at Kunnankulam
- IV Eligibility of membership Any life member of IMA is eligible to become a member of Pension Scheme.

- V Future yearly payment falls due in April
- A. Annual membership Rs. 1000/-
- B. Annual subscription Rs. 12,000/- or any higher amount.
- Total to be paid annually A+B

- II. Age proving document:
- III. IMA Life Membership Certificate

Completed proforma with necessary documents (II & III) and the required payments are to be sent to:-

Dr. K. V. Devadas Hon. Secretary, IMA National Pension Scheme Vysekham, M. O. Road Kunnankulam P. O., Kerala State, 680 503

Tel : 04886 222888 04886 227388 Mob : 09387107788 09400567788

Email : drdevadaspalliative@gmail.com

For Office Use Only

Date of application : Date of receiving :

Date of enrolment : Receipt number :

Date :

VERIFICATION REPORT FROM IMA NATIONAL HEAD QUARTERS

Life Annual Non-Member

Cheque/DD encashed: YES / NO / Repaid

Policy sent on:

Signature Secretary IMA, NPS