



IMA NATIONAL PENSION SCHEME

INDIAN MEDICAL ASSOCIATION



APPLICATION FORM

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

E. No
R. No.
Date :

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

(PTO)

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 bye-law of the scheme.

Details of payment : Cash Cheque D.D Core Banking

Cheque / D. D No. _____ Bank : _____

Date of Application : _____

NAME OF THE PROMOTER _____ Signature of the Applicant _____

Certificate from the Branch Secretary / President		
I, Dr. _____ Secretary/President, IMA _____		
branch 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)	Signature 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. Minimum Annual premium Rs.60,000/- or any higher amount desired by the member of the Scheme

Total to be paid at the time of admission: A+B+C

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. P Gopeenathan
Hon: Secretary NPS
Shanthi, Near kataroad bridge
Post Chavassery
Kannur, Kerala 670702

Tel No: 0490-2471386
Mob: 9447050286
Email:gopeenathan@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

Cheque/DD encashed: YES / NO / Repaid

Policy sent on: _____

Life Annual Non-Member

Signature
Secretary IMA. NPS