



I.M.A. NATIONAL SOCIAL SECURITY SCHEME

2nd Floor, A.M.A. House, Opp. H.K. College,
Ashram Road, Ahmedabad-380009.(Gujarat)

Phone/Fax : (079) 2658 5430

Time : 2.00 p.m. to 6.30 p.m.

E-mail : imansss1@gmail.com

imansss@vsnl.net

Website : www.imansss.org

FOR OFFICE USE

File No. :

NSSS No.:

Branch :

State :

Category :

PHOTOGRAPH

APPLICATION FORM

(To Be Filled in Block Letters)

Surname :

First Name :

Name of Father / Husband :

Sex :

Date of Birth :

Age :

Qualification :

Name of Local Branch of I.M.A. :

Name of State Branch of I.M.A. :

I.M.A. H.Q. L.M. No. :

Correspondence Address

State : _____ Pin Code _____

Telephone No. :

Resi :

Clinic :

STD Code No. :

Mobile No. :

E-mail :

I, the undersigned hereby apply for the Membership of I.M.A. National Social Security Scheme.

I enclosed herewith Demand Draft/Cheque No. _____ Date _____
drawn on _____ for Rs. _____

being the Admission Fee as per age + Rs. 5,000/- (A.F.C.) + Membership Fee Rs. 50/- only. I do hereby
declare that above information is true and I have withheld no information what so ever regarding the
Application and I agree to pay the amount demanded as per the death of member of this scheme.
I further agree to abide by the condition laid down in the constitution.

Date : _____

Applicant's Signature

CERTIFICATE

This is to certify that Dr. _____ is a Life Member
of _____ Branch of I.M.A. _____ State

From _____ Date _____

Signature _____

Secretary / President
(Rubber Stamp of Local Branch)

RULE OF ELIGIBILITY TO BECOME MEMBER OF IMA NSSS :-

Any life member of I.M.A. upto age of 60 years residing in India is eligible to become a member of this scheme, but members above the age of 40 years and below the age of 60 years, must be life member of I.M.A. atleast for 3 Years on the day of joining the scheme.

RULE FOR BENEFIT : (Amended Rule Since 19-7-2002)

Benefit of Fraternity Contribution of the scheme is liable after completion of one year of membership of I.M.A. N.S.S.S. However nominee of member be entitled for such benefits if death of members occurs in accidents even within one year of joining the scheme.

- N.B.**
1. Demand Draft of Cheque only payable at Ahmedabad will be accepted M.O. or Cash will not be accepted in any circumstance. Send cheque or Demand Draft by Registered A.D. Post only.
 2. Cheque of Demand Draft to be drawn in favour of **“INDIAN MEDICAL ASSOCIATION - NATIONAL SOCIAL SECURITY SCHEME”**. (I.M.A. N.S.S.S.)
 3. **Life Membership of I.M.A. Head Quarter is Compulsory.**
 4. Form must accompany Certified Photo Copy of (1) Birth Certificate (2) Life Membership Certificate of I.M.A. H.Q. (3) Medical Council Registration Certificate.
 5. Passport size Photograph.

: NOMINATION FORM :**Name of the Nominee****(In Capital Letter)** _____**Specimen Signature of Nominee or
Guardian in case of minor nominee :** _____**Relationship with
Member :** _____**If Nominee is Minor, Name of the person who
represents the minor and his/her address :** _____**Date of birth and Age of Minor**

Amount For D.D. For Various Age Group	ADVANCE FRATERNITY CONTRIBUTION (A.F.C.)	MEMBERSHIP FEES	ADMISSION FEES	TOTAL RS.
1. Below age 30 Years	5000	50	1000	6050
2. Between 31-40 Years	5000	50	2000	7050
3. Between 41-50 Years	5000	50	3000	8050
4. Between 51-55 Years	5000	50	4000	9050
5. Between 56-60 Years	5000	50	5000	10050

In Case of outstation Cheque - Add Rs. 90/- as Bank Charges