

IMA NATIONAL PENSION SCHEME INDIAN MEDICAL ASSOCIATION



E. No

APPLICATION FORM

(Read the instructions given overleaf, incomplete application form will be returned)

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	Phone No.												Mob:				21			00			
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4.	Name of Spouse	TT	1									I			T		\exists						
5.	Age		NP-0		ate	of B	irth [ī		T	7								
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7.	Registration No.	II	I	-15-	- Jaya			100	19.4 - Sun	**		į.		1	'ear	of Re	gist	ratio	on				-
3.	Name of Medical Council	T	T	T	T	Г	5				Г	Т		1	T	П				34.2			Г
9.	Date of Joining of IMA			T	I	T]					2,00	SOIL S		The state of	100	Gara.	THE STATE	A-4	THE STATE OF			
10.	Name of local branch		T	I	L							Γ			I								Т
11.	Name of State Branch		T	T	Т	Т					1	Т		1	T					1.40			Г
12.	IMA Life membership No.		Т	1	T	Ė					Г	Т								- 513			_
13.	Schemes, if any	TT	T	T	T	T					T	T		$\overline{}$	T				-				_
14.	Document enclosed to prove age	e		_	T	T					Ī	T		+	T		\exists		97				_
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16.	E-mail													.4.0				3.					
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17.	Name of the Nominee(s)	11	1		-	_	_			_	1	_		1	4								L
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MA National Pension Scheme.	
Enclosed herewith D. D./cheque for Rs	of which Rsbeing the
admission fee (payable as per the age on	admission) Rs. 1000/- towards Annual - Fee plus Annual premiur
	O/- or any higher amount). I understand that my enrolment to the on of the cheque/D.D. and issuing of the policy document.
do hereby declare that the above statement he application and I agree to pay the amou	s are true and that I have withheld no information whatsoever regarding and demanded as per the constitution of this scheme. I shall abide to
all the future amendments of the bye-law of	the scheme.
Details of payment : Cash Chequ	e D.D. Core Banking
Cheque / D. D No	Bank:
Date of Application :	
	Signature of the Applican
NAME OF THE PROMOTER	
Certificate from	n the Branch Secretary / President
	Secretary/President, IMA
branch do hereby certify that Dr	
	// State Branch and that he/she is having continuous membership
in IMA since	the second second
Date	Signature (Branch Seal) Secretary/President, IMA Local Branch
	(District Cost)
Membership of Pension Scheme Admission Fee:	NB: Cheques or D. D. are to be drawn in favour of IMA National Pension Scheme payable at
Below 30 years Rs. 3000/-	Thalassery.
30 - 35 Rs. 4000/-	N Eligibility of membership
36 - 40 Rs. 5000/-	Any life member of IMA
41 - 45 Rs. 6000/- Above 45 Rs. 7000/-	is eligible to become a member of Pension Scheme.
3. Annual membership Rs. 1000/-	V Future yearly payment falls due in April
2. Minimum Annual premium Rs.60,0	A. Annual membership Rs. 1000/-
or any higher amount desired by the	B. Annual premium Rs.60,000/- or
member of the Scheme	any higher amount. Total to be paid annually A+B
Total to be paid at the time of admission: A+B+C	Total to be paid allitually A75
. Age proving document	The state of the s
I. IMA Life Membership Certificate	TELL 1 STATE OF THE STATE OF TH
Completed proforma with necessary d	ocuments (II & III) and the required payments are to be sent to:-
Dr. P Gopeenathan	1 400 A 100
Ion: Secretary NPS	Tel No: 0490-2471386 Mob: 9447050286
hanthi, Near kalaroad bridge ost Chavassery	Email:gopeenathan@gmail.com
annur, Kerala 670702	For Office Use Only
Data of anoticetion :	Date of receiving :
Date of application:	
Date of enrolment :	Receipt number :
	Date : IIIII
VERIFICATION REPORT FROM IMANATK	WAI HEAD CHARTERS
VERIFICATION REPORT FROM IMANAIR Cheque/DD encashed: YES / NO/ Repaid	NAL HEAD QUARTERS Life Annual Non-Member
	Telepatrical de la light (M2/2/2012) (1-1) Telepatrical de lo tale. (A.)
Policy sent on:	Signature Scanding MAA NDS
	Society America