



**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 up to Rs.10 Lakhs in a single case and Rs.20 Lakhs per year, will only be paid by the Scheme.
6. Multiple units can be availed to increase your protection
7. 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
8. Reply to the legal notice/cases should be made only after getting the reply of the Hon. Secretary.
9. **MEMBERSHIP AND BENEFITS**

Membership fee for the first year shall be Rs. 3000/-. Any cause of action from the date of realization of the membership fee for one full calendar year will be taken up by the scheme.

FIRST YEAR MEMBERSHIP	Rs. 3000/-	
SECOND YEAR MEMBERSHIP	Rs. 2900/-	(if no claim)
THIRD YEAR MEMBERSHIP	Rs. 2800/-	(if no claim)
FOURTH YEAR MEMBERSHIP	Rs. 2700/-	(if no claim)
FIFTH YEAR MEMBERSHIP	Rs. 2600/-	(if no claim)
SIXTH YEAR MEMBERSHIP	Rs. 2500/-	(if no claim)
AFTER SIXTH YEAR FIXED PAYMENT	Rs. 2500/-	(if no claim)
10. Financial Assistance up to Rs. 50 Lakhs can be availed to join in "ENHANCED PROTECTION SCHEME" OF MEMBERSHIP FEE Rs. 10000/-.
11. NPPS have its own webpage : www.nimapps.com
12. Application form duly filled with the DD, may be send to:

Dr. A.V. Jayakrishnan
(Hony. Secretary, NPPS)

Residence

Sannidhi
Near Federal Bank, Pattambi Road
Perinthalmanna, Malappuram – 679 322
Tel: +91 4933 325434
Mob: +91 9847004064
+91 9447079074
Email: jkvikram@hotmail.com

Administrative Office

IMA State Headquarters
Anayara P O
Thiruvananthapuram – 695 029
Tel: +91 471 2741144, Fax: +91 471 2741155
Mob: 9847004064
Email: imanpps@gmail.com

(FOR OFFICE USE ONLY)

Memb. No. Allotted:

Application form: Complete/Incomplete

Date of Receipt:

Remarks:

Date of Commencement of membership:

Signature of Hon. Secretary of N P P Scheme