



INDIAN MEDICAL ASSOCIATION NATIONAL HOSPITAL PROTECTION SCHEME

IMA State Headquarters, Anayara P O, Thiruvananthapuram 29

Tel: 0471 2741144, E-mail: imanhps2021@gmail.com

MEMBERSHIP APPLICATION FORM

(To be filled in block letters)

Name of the Hospital				
Communication Address				
Contact Number E-mail ID				
Whether Partnership, Limited Co., or Individually owned				
If individually owned, Name of the Individual				
No. of Doctors working (including RMO)				
Details of the Doctors working (attach a separate list)				
Name	Qualification	Speciality	NPPS No.	Branch Name
Name of the nearest IMA branch				
Whether hospital is licensed for doing MTP & it so, the order no. & date				
Whether hospital is insured with any other insurance co. & it so, the details				
Bed strength of the Hospital (including ICU, ICCU, Neonatal units etc...)				
Category of Membership applied				
Details of Payment (Cheque/DD/Bank transfer and Date with name of the bank)				

DECLARATION

I do hereby declare that the details furnished above are true and correct and will abide all the rules and bylaws of the National Hospital Protection Scheme of IMA.

Date:

Signature :
Superintendent/Administrator

(P.T.O)

Scrutinized by :

1. Name of the State Representative
of the National Hospital Protection Scheme :
2. Verification details :
3. Signature :

(The State Representative has to verify the details furnished by the Hospital in the application from and forward application only if they are true and correct).

MEMBERSHIP FEE:

	<u>Bed Strength</u>	<u>Membership Fee per year</u>
Category A	0 – 10	5,000/-
Category B	11 – 25	15,000/-
Category C	26 – 50	20,000/-
Category D	51 – 100	30,000/-
Category E	101 – 150	40,000/-
Category F	151 - 200	45,000/-
Category G	201 – 300	50,000/-
Category H	301 – 500	75,000/-
Category I	Above 500	1,00,000/-

Membership fee can be paid by cheque, DD or Bank Transfer.

Account details for bank transfer:

Account Name : IMA National Hospital Protection Scheme (IMA NHPS)
Bank Name : Bank of Baroda, Vanchiyoor Branch
Account No : 24520100024629
IFSC : BARBOVANTRI
MICR Code : 695012005

Note: Rules and Byelaws of the Scheme will be sent to the Member Hospital along with the Membership. Payment may be made through DD/Cheque/Bank transfer drawn in favour of "National Hospital Protection Scheme of IMA", payable at Thiruvananthapuram and send to the Hon'ble Secretary of NPP Scheme of IMA.

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

Residence

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Administrative Office

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