



# I.M.A. NATIONAL SOCIAL SECURITY SCHEME

2nd Floor, A.M.A. House,  
Opp. H. K. College, Off. Ashram Road,  
Ahmedabad-380 009. (Gujarat)  
**Phone / Fax : (079) 26585430**  
**Time : 2.00 p.m. to 6.30 p.m.**  
**e-mail : 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.

your e-mail :

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

I enclose herewith Demand Draft/Cheque No. \_\_\_\_\_ Date \_\_\_\_\_ drawn on \_\_\_\_\_ for Rs. \_\_\_\_\_

being the Admission Fees as per age + Rs. 2,500/- (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 19-07-2002)**

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.

- NB
1. Demand Draft or 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 or 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 Xerox 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	2500	50	1000	3550
2. Between 31-40 Years	2500	50	2000	4550
3. Between 41-50 Years	2500	50	3000	5550
4. Between 51-55 Years	2500	50	4000	6550
5. Between 56-60 Years	2500	50	5000	7550

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