

Branch:

Sex:

INDIAN MEDICAL ASSOCIATION'S

KARNATAKA SOCIAL SECURITY SCHEME (R)- No 47/91-92 Registered Office: IMA House, 2nd Floor, Bailappanavar Nagar, Hubli-580029. Ph: 0836-2355656 - Email: imaksshbl@gmail.com - Web: imakssshubli.org OLD EXISTING SCHEME NEW SILVER JUBILEE SCHEME (Separate Application ,DD/ Cheque & Documents should be sent if applied for both the Schemes) **Documents to be attached:** 1. Duly filled and signed application form. 4. Age proof certificate (Xerox copy) 2. IMA Life membership certificate (Xerox copy). 5. Pan card. 3. Address proof -Aadhar/Voter ID. 6. Three passport size photos. Note: a) At par Cheque/DD as per age tariff attached, to be drawn in favor of IMA KSSS : For Old Existing Scheme IMA KSSS SILVER JUBILEE: For New Silver Jubilee Scheme b) Duly filled applications to be sent to registered office address mentioned above. For office Use Only Receipt No. Folio No: IMA-KSSS No: **PHOTO** Date: Date of Provisional Admission: **APPLICATION** FORM (To be filled in Block letters) First Name & Surname Father's / Husbands Name : ______ Qualifications: Date of Birth: Months Age: Years Male Female Date of Regn: PAN No: KMC Regn.No :____ IMA Life Membership No: IMA Branch: CORRESPONDENCE POSTAL ADDRESS PERMANENT POSTAL ADDRESS PIN: PIN: FOR E-COMMUNICATION Phone No: Residence -Hospital -STD Code -Mobile No: I the undersigned hereby apply for the membership of IMA's Karnataka Social Security Scheme

under Old Existing Scheme / New Silver Jubilee Scheme (Tick appropriate one). I have enclosed DD/ Cheque with No._____ drawn on Bank__

Branch ___ _____ Dated _____ for Rs _____

in words

Email:

I do here by declare that the above information is true to the best of my knowledge and belief and that I have not withheld any information what so ever regarding my particulars. My membership from the scheme may be terminated if any information given is found to be incorrect or submission of any false information in the application form for joining the scheme or in subsequent communication. I further state that I am in sound state of mind & I agree to pay the Fraternity Contribution as per the rules of the scheme from time to time. I will abide by the constitution and bye-laws of IMA KSSS and amendments made from time to time in the constitution and bye-laws in future. I accept any decision of the Managing Committee as final. I also accept the legal jurisdiction of the IMA KSSS as Hubballi.

Date: _						
Place:			Signature of the Applicant			
Motiva	ted by (IMA / KSSS Member)					
I , Dr		IMA L	ife member of			
branch	do hereby recommend Dr					
Life member of		Branch to become member of IMA'S KSSS.				
Seal of L			Secretary/IMA'S KSSS MC Member			
	NC	OMINATION FORM				
Sl.No	Name	Relationship	Signature			
<u> </u>						
3						
1						
	nen Signature of the Guardian in case o					
Date of	f Birth of the Minor1)		Age: Years Months			
Date of	f Birth of the Minor2)		Age: Years Months			

I hereby declare that the above information furnished by me is true and correct.

7	6	5	4	3	2	1	Group		
Below 56 to 60 Years	Below 51 to 55 Years	Below 46 to 50 Years	Below 41 to 45 Years	Below 36 to 40 Years	Below 31 to 35 Years	Below 30 Years	New Silver Jubilee Scheme Age in Years	DD/ at	NEW SILVER JUBILEE OF IMA KSSS FEE STRUCTURE (TARIFF) EFFECTIVE FROM 01.04.2023
200	200	200	200	200	200	200	Subscription Fee	DD/ at Par Cheque should be sent in the name of "IMA KSSS SILVER JUBILEE"	BILEE OF IMA
500	500	500	500	500	500	500	Registration Fee	d be sent in the na	KSSS FEE STRU
40500	31000	23500	18000	11500	10000	8500	Membership Contribution Fee	me of "IMA KSSS	CTURE (TARIFF)
6500	5500	4500	3000	2500	2000	1500	Group Accident Benefit Fess	SILVER JUBILI) EFFECTIVE FR
10000	10000	10000	10000	10000	10000	10000	Advance Fraternity Contribution	3E"	OM 01.04.2023
57700	47200	38700	31700	24700	22700	20700	Total Amount		

7	6	5	4	3	2	1	Group		
Below 56 to 60 Years	Below 51 to 55 Years	Below 46 to 50 Years	Below 41 to 45 Years	Below 36 to 40 Years	Below 31 to 35 Years	Below 30 Years	Old Existing Scheme Age in Years		OLD EXISTING SCHEME OF IMA KSSS SCHEME FEE STRUCTURE (TARIFF) EFFECTIVE FROM 01.04.2023
200	200	200	200	200	200	200	Subscription Fee)D/ at Par Cheque sl	OF IMA KSSS SCH
500	500	500	500	500	500	500	Registration Fee	nould be sent in the ı	EME FEE STRUC
28000	20000	15000	12000	2000	1500	1000	Membership Contribution Fee	DD/ at Par Cheque should be sent in the name of "IMA KSSS"	TURE (TARIFF) EFFE
16000	16000	16000	16000	16000	16000	16000	Advance Fraternity Contribution		CTIVE FROM 01.04.20
44700	36700	31700	28700	18700	18200	17700	Total Amount		23