



**PROFESSIONAL PROTECTION LINKED
SOCIAL SECURITY SCHEME
OF IMA TAMILNADU
MEMBERSHIP APPLICATION FORM**



1. Name (in Capital Letters) : Dr. _____
2. Date of Birth : _____ Age: _____ Sex: Male/Female
3. Father's / Husband's Name : _____
4. Address : _____

_____ Pin code: _____
5. Telephone No. : Resi: _____ Hosp : _____ STD Code: _____
Mobile No. _____ E-Mail: _____
6. Qualification Name of the University Year of Passing

7. Registration No. : _____ Year of Registration _____
Name of the Medical Council : _____
8. Present Place of Practice : _____
9. IMA Life Membership No : _____
10. Name of the Local Branch : _____
11. Category Applied : GP / Non Surgical Specialist / Surgical & Anesthetist
12. Are you insured under indemnity Scheme : Yes / No
If Yes, Name of Insurance Company : _____
Place: _____ Policy No. _____ Date of Expiry: _____
13. Name of the Family Members Age Sex Relationship

14. Nominee Name Age Sex Relationship

15. Payment Details :

DD No. _____ Bank _____ Branch _____
Amount _____ Date of Issue _____

Payment options DD

DD should be send in the name of "PPLSSS OF IMA TN" Payable at Kallakurichi

Send the filled up application along with payment information

DR.S.Nehru, MS.,DO., Hony.Secretary, PPLSSS of IMA TN.

Hi-Tech Eye Care Hospital, Chekku Mettu Street, Kallakurichi - 606202, Villuppuram District.

Mob: 9487272627 Ph: 04151- 224176

Dispatch Details : Date _____ Courier/Registered Post/ in person

Date of commencement of membership will be from the date of receipt of DD at the principal office.

DECLARATION

I, _____ a Life Member of _____ Branch
of IMA, do hereby, declare that the details furnished above are true and correct and that I will abide by
the Rules and Regulations of Professional Protection Linked Social Security Scheme of IMA Tamilnadu as
amended on 01.3.1998.

Date:

Signature

Not For Renewal Members

Forwarded: _____

Designation: _____

(To be forwarded by the local branch President/Secretary/PPLSSS District Co-ordinator)

Signature: _____

(FOR OFFICE USE ONLY)

Date of Receipt :

Mode of Receipt : Courier/Reg.Post/in person (Time: a.m/p.m)

Application Form : Complete/ Incomplete Remarks:

D.D. Realised on :

Date of Commencement of Membership :

Date of Despatch of PPLSSS Receipt to the member :

Date of Despatch of PPLSSS Certificate to the member :

PPLSSS Membership No: