



# INDIAN MEDICAL ASSOCIATION NATIONAL FAMILY WELFARE SCHEME

**E.No** \_\_\_\_\_

**R.No.** \_\_\_\_\_

**Date:** \_\_\_\_\_

## APPLICATION FORM

**NAME:**

AGE \_\_\_\_\_ DOB \_\_\_\_\_ SEX  M  F

FATHERS NAME

SPOUSE NAME

PERMANENT ADDRESS

DISTRICT

STATE

PINCODE

SAME AS PERMENENT ADDRESS

ADDRESS FOR COMMUNICATION

DISTRICT

STATE

PINCODE

MOB

TEL NO

EMAIL

QUALIFICATION

COLLEGE

UNIVERSITY

MEDICAL COUNCIL REG NO

YEAR

NAME OF MEDICAL COUNCIL

IMA LIFE MEMBERSHIP NO

NAME OF STATE BRANCH

NAME OF LOCAL BRANCH

NAME OF THE NOMINEE(S)

RELATIONSHIP

1.

2.

3.

4.

5.

## DECLARATION

I, the undersigned hereby apply for the Membership of I.M.A. National Family Welfare Scheme. I enclosed herewith Demand Draft/Cheque No..... Date drawn on.....or Rs..... being the Admission Fee as per age. 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 of the scheme.

Payment by : DD  Cheque  Core Banking  NEFT

DD/ Cheque No..... Date..... Bank & Branch.....

Date of Application .....

Applicant Signature

### CERTIFICATE FROM BRANCH PRESIDENT/SECRETARY

I.....President /Secretary of IMA..... Branch do here by certify that Dr.....is a Life member of IMA..... Branch.

Date.....

SEAL

Signature

#### 1. MEMBERSHIP

##### a. Admission Fee

- |                           |           |
|---------------------------|-----------|
| 1. Member Below 30 years: | Rs.3000   |
| 2. 31 years to 40 years   | Rs.5000   |
| 3. 41 years to 50 years   | Rs.7000   |
| 4. 51 years to 60 years   | Rs.10,000 |
| 5. 61 years to 65 years   | Rs.20,000 |
| 6. 66 years to 70 years   | Rs.30,000 |

##### b. Annual Subscription Rs.500

**Total amount payable at admission : a+b**

DD/Cheque in favour of the scheme payable to – “**IMA FAMILY WELFARE SCHEME**”. Cash will not be accepted.

#### 2. Eligibility for membership

- Has to be a life member of IMA
- Those who are below 45 years should have 3 years Life membership of IMA
- Those who are between 46 and 60 years are eligible to become member of the scheme provided he has 5 years of life membership in IMA

Self-attested copies to be attached

1. Age proof
2. IMA Life membership certificate

Completed forms and payments should be sent to secretary

#### DR VIJAYAKUMAR. K.

Chairman, IMA NFWS  
Vijayakumar Hospital  
Swamiyarmadam, Kanyakumari District,  
Tamilnadu  
Ph.09443161102  
Email:- drvijayakumark@gmail.com,

#### DR.V.SASIDHARAN PILLAI V

Hon.Secretary, IMA NFWS  
Sabari, Kankathu Mukku, Anandavaleeswaram  
Temple Road, Thirumullavaram P.O, Kollam-  
691012, Kerala State  
Ph:- 9847070400, 8848617428  
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#### DR MADANA MOHANAN NAIR R.

Treasurer, IMA NFWS  
'Sabamathy', Punnapra  
Alapuzha-688004  
Kerala State  
Ph. No. 9446307976  
email madanamohanannair@gmail.com

#### FOR OFFICE ONLY

Date of Application : \_\_\_\_\_

Receipt No : \_\_\_\_\_

Date of Enrollment : \_\_\_\_\_

IMA NFWS NO : \_\_\_\_\_

Policy sent on : \_\_\_\_\_