



**INDIAN MEDICAL ASSOCIATION'S  
KARNATAKA STATE BRANCH SOCIAL SECURITY SCHEME**

Registered Office : I.M.A. HOUSE, BAILAPPAVAR NAGAR, HUBLI-5800 29  
Ph : 0836 - 2228328. Reg. No. 47/91-92

AG No. _____	BRANCH _____	FILE No. _____
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**APPLICATION FORM**  
(To be filled in block Letters)

FIRST NAME & SURNAME : \_\_\_\_\_

FATHERS NAME/ HUSBAND NAME : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

QUALIFICATIONS : \_\_\_\_\_

NAME OF LOCAL IMA BRANCH : \_\_\_\_\_

<p align="center"><b>CORRESPONDENCE ADDRESS</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p align="right">Pin Code : _____</p>	<p align="center"><b>Telephone Numbers</b></p> <p>Residence : _____</p> <p>Clinic : _____</p> <p>STD Code : _____</p> <p>Cell No. : _____</p> <p>e-mail : _____</p>
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I, the undersigned hereby apply for the membership of IMA Karnataka Social Security scheme.  
I, enclosed herewith Demand Draft / Cheque No. \_\_\_\_\_ Date \_\_\_\_\_  
drawn on \_\_\_\_\_ Bank for Rs. \_\_\_\_\_

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 demaded as per the death on member of this scheme.  
I further agree to abide by the condition laid down in the constitution.

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

\_\_\_\_\_  
Applicant Signature

Motivated By \_\_\_\_\_

<p>This is to certify that Dr. _____ is a Life Member / Ordinary Member of _____ Local Branch of I.M.A. Karnataka State From _____</p>	<p align="center">_____ Signature of the Local Branch Secretary/President</p>
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Seal of Local Branch

- RULE OF ELIGIBILITY TO BECOME MEMBER OF IMA KSSS**  
Any Life Member / Ordinary Member continuously of IMA Karnataka State Branch upto age 60 is eligible to become a member of this scheme.
- RULE OF BENEFIT ( Amended Rule since 2006)**  
Benefit of Fraternity Contribution of the scheme is liable after completion of one year of membership of I.M.A. K.S.S.S However nominee of the member be entitled for such benefits if death of members occurs in accidents even within one year of joining the scheme
- Major benefits to the participant. a. Permanently Disability c. Death
- Member need not pay DFC Amount after completion of 25 years of membership but can avail the benefits of the scheme.
- Fraternity contribution is only Rs.500/- per death/member/year.
- a. Exgratia payments goes on increasing as the membership strength increases. i.e. Rs.375 x number of members in the scheme. (presently it is 3,90,000/-)
- b. 25 Rs. out of Fraternity goes to disability fund and maximum limit is Rs.50,000 depending on the decision of the Managing Committee and expert committee.
- Facility of nomination upto 2 persons is allowed on specification by the member in his application.

- Note**
1. Demand Draft or Cheque only payable at Hubli. Send Cheque or DD by Registered A.D. Post / Courier.
  2. Cheque or D.D. to be drawn in favour of " IMA KARNATAKA SOCIAL SECURITY SCHEME. ( IMA KSSS).
  3. Membership of IMA is compulsory
  4. Form must accompany Certified Xerox copy of
    1. Birth Certificate
    2. Life Membership Certificate of IMA
    3. Medical Council Registration Certificate

#### NOMINATION FORM

Name of the Nominee (In Capital Letters) 1. \_\_\_\_\_  
2. \_\_\_\_\_

Relation with member 1. \_\_\_\_\_  
2. \_\_\_\_\_

Specimen Signature of Nominee or  
Guardian in case of minor nominee :

\_\_\_\_\_

If nominee is Minor, Name of the person who  
represents the minor and his/her address :

\_\_\_\_\_

Date of birth and age of Minor

AGE GROUP OF MEMBERS	ADMISSION FEES	REGISTRATION FEES	CONTRIBUTION FEES	TOTAL
BELOW 30	100-00	400-00	3,000-00	3,500-00
31-35 YEARS	100-00	400-00	3,500-00	4,000-00
36-40 YEARS	100-00	400-00	4,000-00	4,500-00
41-45 YEARS	100-00	400-00	5,500-00	6,000-00
46-50 YEARS	100-00	400-00	7,000-00	7,500-00
51-55 YEARS	100-00	400-00	9,000-00	9,500-00
56-60 YEARS	100-00	400-00	12,000-00	12,500-00

In case of out station Cheque - Add Rs.100/- as Bank Charges