

15. Payment Details :

DD No. \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_  
Amount \_\_\_\_\_ Date of Issue \_\_\_\_\_

Payment options DD

DD should be send in the name of "FBS of PPLSSS of IMA TN" Payable at Nagercoil

Send the filled up application along with payment information  
**Dr. M.Thiraviam Mohan**, Hony.Secretary, PPLSSS of IMA TN.  
Thiraviam Clinic, 85/Old 54.56, Asambu Road, Vadasery, Nagercoil - 629001.  
Mob: 9487272627 Ph: 04652-272627

Despatch 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

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**Not For Renewal Members**

Forwarded: \_\_\_\_\_

Designation: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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**(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 Receipt to the member :

Date of Despatch of Certificate to the member :

FBS Membership No :

Renewal Due on :

Letter of reminder sent on :

Renewal Fee received on :