

21. Payment Details :

DD No. _____ Bank _____ Branch _____

Amount _____ Date of Issue _____

Payment options DD

DD should be send in the name of "HPS 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

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 Receipt to the Hospital/Nursing Home :

Date of Despatch of Certificate to the Hospital/Nursing Home :

HPS Membership No :

VRenewal Due on :

Letter of reminder sent on :

Renewal Fee received on :