



**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 **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

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: