



# HOSPITAL PROTECTION SCHEME OF PPLSSS OF IMA TAMILNADU



## MEMBERSHIP APPLICATION FORM

1. Name of Hospital (in Capital Letters) : \_\_\_\_\_
2. Date of Establishment : \_\_\_\_\_
3. Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Nos. : \_\_\_\_\_ Pin code: \_\_\_\_\_  
E-mail : \_\_\_\_\_ STD Code: \_\_\_\_\_  
Fax No : \_\_\_\_\_

4. IMA NHB No. : \_\_\_\_\_
5. Year of Enrolment : \_\_\_\_\_
6. Owner's / Managing Directors Name : \_\_\_\_\_
7. IMA Local Branch Name : \_\_\_\_\_
8. IMA Life Membership No : \_\_\_\_\_
9. IMA PPLSSS No. : \_\_\_\_\_
- Name of the Medical Council : \_\_\_\_\_

10. Category Applied : Primary Level / Secondary Level / Tertiary Level
11. Are you insured under indemnity Scheme : Yes / No  
If Yes, Name of the Insurance Company : \_\_\_\_\_  
Place: \_\_\_\_\_ Policy No: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

### FACILITIES AVAILABLE

12. Total No. of Beds : \_\_\_\_\_ General Wards : \_\_\_\_\_ Rooms : \_\_\_\_\_
13. ICU : Yes / No ICU : Yes / No IMCU : Yes / No
14. O.T. : Yes / No if Yes No. of O.T : \_\_\_\_\_
15. Labour Room : Yes / No Laboratory : Yes / No X-Ray : Yes / No
16. Ultra Sound : Yes / No Physiotherapy : Yes / No

### STAFF PATTERN

17. No. of Consultants : \_\_\_\_\_
18. No. of Duty Doctors : \_\_\_\_\_
19. No. of Staff Nurses : \_\_\_\_\_ Qualified : \_\_\_\_\_ Trained : \_\_\_\_\_
20. No. of Technicians : \_\_\_\_\_ Qualified : \_\_\_\_\_ Trained : \_\_\_\_\_