



# INDIAN MEDICAL ASSOCIATION

## NATIONAL FAMILY WELFARE SCHEME

<b>E.No</b> _____
<b>R.No.</b> _____
<b>Date:</b> _____

### APPLICATION FORM

**NAME:**

<b>AGE</b>		<b>SEX</b>	<b>M</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>	<b>DATE OF BIRTH</b>
<b>FATHERS NAME</b>					
<b>SPOUSE NAME</b>					

<b>PERMANENT ADDRESS</b>					
	<b>DISTRICT</b>				
	<b>STATE</b>				<b>PINCODE</b>

**SAME AS PERMENENT ADDRESS**

<b>ADDRESS FOR COMMUNICATION</b>					
	<b>DISTRICT</b>				
	<b>STATE</b>				<b>PINCODE</b>

<b>MOB</b>	<b>TEL NO</b>
<b>EMAIL</b>	

<b>QUALIFICATION</b>					
<b>COLLEGE</b>					
<b>UNIVERSITY</b>					
<b>MEDICAL COUNCIL REG NO</b>			<b>YEAR</b>		
<b>NAME OF MEDICAL COUNCIL</b>					

<b>IMA LIFE MEMBERSHIP NO</b>					
<b>NAME OF STATE BRANCH</b>					
<b>NAME OF LOCAL BRANCH</b>					

<b>NAME OF THE NOMINEE(S)</b>					<b>RELATIONSHIP</b>
1.					
2.					
3.					
4.					
5.					

## DECLARATION

I, the undersigned hereby apply for the Membership of I.M.A. National Family Welfare Scheme. I enclosed herewith Demand Draft/Cheque No..... Date drawn on.....or Rs..... being the Admission Fee as per age. 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 demanded as per the death of member of this scheme. I further agree to abide by the condition laid down in the constitution of the scheme.

Payment by : DD  Cheque  Core Banking  NEFT

DD/ Cheque No..... Date..... Bank & Branch.....

Date of Application .....

Applicant Signature

### CERTIFICATE FROM BRANCH PRESIDENT/SECRETARY

I.....President /Secretary of IMA..... Branch do here by certify that Dr.....is a Life member of IMA..... Branch.

Date.....

SEAL

Signature

#### 1. MEMBERSHIP

##### a. Admission Fee

- |   |           |
|---|-----------|
| 1. Member Below 30 years:                 | Rs.3000   |
| 2. 31 years to 40 years                   | Rs.5000   |
| 3. 41 years to 50 years                   | Rs.7000   |
| 4. 51 years to 60 years                   | Rs.10,000 |
| 5. 61 years to 65 years                   | Rs.20,000 |
| 6. 66 years to 70 years (Founder Members) | Rs.30,000 |

##### b. Annual Subscription Rs.500

Total amount payable at admission: a+b

\*DD/Cheque in favour of "IMA NATIONAL FAMILY WELFARE SCHEME" payable at Kollam, Kerala. Cash will not be accepted.

#### 2. ELIGIBILITY FOR MEMBERSHIP

- Any IMA life member below the age of 65 years on the day of joining the scheme is eligible to become member of the scheme.
- The members who join the scheme in the first year are "founder members" and their eligibility age will be relaxed upto 70 years instead of 65 years. After one year the upper limit of joining the scheme will be 65years.

Self-attested copies to be attached

- Age proof
- IMA Life membership certificate.

Completed forms and payments should be sent to secretary

#### DR VIJAYAKUMAR. K.

Chairman, IMA NFWS  
Vijayakumar Hospital  
Swamiyarmadam, Kanyakumari District,  
Tamilnadu  
Ph No:- 09443161102  
Email:- [drvijayakumark@gmail.com](mailto:drvijayakumark@gmail.com)

#### DR.V.SASIDHARAN PILLAI V

Hon.Secretary, IMA NFWS  
Sabari, Kankathu Mukku, Anandavaleeswaram  
Temple Road, Thirumullavaram P.O, Kollam-  
691012, Kerala State  
Ph No:- 9847070400, 8848617428  
Email:- [drsaspilskin@gmail.com](mailto:drsaspilskin@gmail.com)

#### DR MADANA MOHANAN NAIR R.

Treasurer, IMA NFWS  
'Sabamathy', Punnapra  
Alapuzha-688004  
Kerala State  
Ph. No. 9446307976  
Email: [rmadanamohanannair@gmail.com](mailto:rmadanamohanannair@gmail.com)

#### FOR OFFICE ONLY

Date of Application : \_\_\_\_\_

Receipt No : \_\_\_\_\_

Date of Enrollment : \_\_\_\_\_

IMA NFWS NO : \_\_\_\_\_

Policy sent on : \_\_\_\_\_

Signature of Secretary

