



FAMILY BENEFIT SCHEME

OF PPLSSS 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. PPLSSS No : _____
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 "FBS of PPLSSS of IMA TN" Payable at **Omalur**

Send the filled up application along with payment information

Dr. P. Manivannan, M.B.B.S, D.ORTHO., Hony.Secretary, PPLSSS of IMA TNSB.
Sri Sugam Hospital (1st Floor), 149- E1,Bazaar Street, Omalur (PO), (TK), Salem - 636 455.
Mob:9487272627, Ph:04290-290455

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.

I hereby authorize PPLSSS office to send Membership alerts via SMS and e-mail.

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 member :

Date of Despatch of Certificate to the member :

FBS Membership No :

Renewal Due on :

Letter of reminder sent on :

Renewal Fee received on :