



# I.M.A. NATIONAL SOCIAL SECURITY SCHEME

2nd Floor, A.M.A. House, Opp. H.K. College,  
Ashram Road, Ahmedabad-380009. (Gujarat)

Phone : (079) 2658 5430

Time : 2.00 p.m. to 6.30 p.m.

E-mail : imansss1@gmail.com  
contact@imansss.org

Website : www.imansss.org

GST NO. 24AAATI0813P1ZP

## APPLICATION FORM

(To Be Filled in Block Letters)

### FOR OFFICE USE

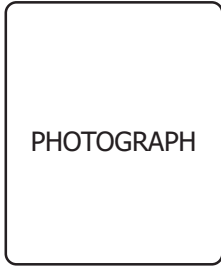
File No. :

NSSS No. :

Branch :

State :

Category :



Surname : \_\_\_\_\_

First Name : \_\_\_\_\_

Name of Father / Husband : \_\_\_\_\_

Sex : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Pan Card No. :

Age : \_\_\_\_\_ Aadhar Card No. :

Qualification : \_\_\_\_\_ GST No.

Name of Local Branch of I.M.A. : \_\_\_\_\_

Name of State Branch of I.M.A. : \_\_\_\_\_

I.M.A. H.Q. L.M. No. : \_\_\_\_\_

Correspondence Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State : \_\_\_\_\_ Pin Code \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Clinic : \_\_\_\_\_

Resi : \_\_\_\_\_

STD Code No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

E-mail : \_\_\_\_\_

I, the undersigned hereby apply for the Membership of I.M.A. National Social Security Scheme.  
I enclosed herewith Demand Draft/Cheque No. \_\_\_\_\_ Date \_\_\_\_\_  
drawn on \_\_\_\_\_ for Rs. \_\_\_\_\_  
being the Admission Fee as per age + Rs. 5,000/- (A.F.C.) + Membership Fee Rs. 50/- only. 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.

Date : \_\_\_\_\_

Applicant's Signature

### CERTIFICATE

This is to certify that Dr. \_\_\_\_\_ is a Life Member  
of \_\_\_\_\_ Branch of I.M.A. \_\_\_\_\_ State  
From \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Secretary / President  
(Rubber Stamp of Local Branch)

## **RULE OF ELIGIBILITY TO BECOME MEMBER OF IMA NSSS :-**

Any life member of I.M.A. upto age of 60 years residing in India is eligible to become a member of this scheme, but members above the age of 40 years and below the age of 60 years, must be life member of I.M.A. atleast for 3 Years on the day of joining the scheme.

## **RULE FOR BENEFIT : (Amended Rule Since 19-7-2002)**

Benefit of Fraternity Contribution of the scheme is liable after completion of one year of membership of I.M.A. N.S.S.S. However nominee of member be entitled for such benefits if death of members occurs in accidents even within one year of joining the scheme.

- N.B.**
1. Demand Draft or Cheque only payable at Ahmedabad will be accepted M.O. or Cash will not be accepted in any circumstance. Send cheque or Demand Draft by Registered A.D. Post only.
  2. Cheque or Demand Draft to be drawn in favour of **“INDIAN MEDICAL ASSOCIATION - NATIONAL SOCIAL SECURITY SCHEME”.** (I.M.A. N.S.S.S.)
  3. **Life Membership of I.M.A. Head Quarter is Compulsory.**
  4. Form must accompany Certified Photo Copy of (1) Birth Certificate - Aadhar Card / School Leaving Certificate (2) Life Membership Certificate of I.M.A. H.Q. (3) Medical Council Registration Certificate. (4) Pan Card & Aadhar Card Copy of Member & Nominee
  5. Passport size Photograph.

## **: NOMINATION FORM :**

**Name of the Nominee**  
(In Capital Letter) \_\_\_\_\_

Pan Card No. :

Aadhar Card No. :

**Specimen Signature of Nominee or**  
**Guardian in case of minor nominee :** \_\_\_\_\_

**Relationship with**  
**Member :** \_\_\_\_\_

**If Nominee is Minor, Name of the person who**  
**represents the minor and his/her address :** \_\_\_\_\_

**Date of birth and Age of Minor** \_\_\_\_\_

<b>Amount For CHEQUE/D.D. For Various Age Group</b>	<b>ADMISSION FEES</b>	<b>MEMBERSHIP FEES</b>	<b>GST 18%</b>	<b>AFC</b>	<b>TOTAL</b>
1. Below Age 30	1000	50	189	5000	6239
2. Between 31-40 Years	2000	50	369	5000	7419
3. Between 41-50 Years	3000	50	549	5000	8599
4. Between 51-55 Years	4000	50	729	5000	9779
5. Between 56-60 Years	5000	50	909	5000	10959