

I F W A N T T O J O I N

Sons/ Daughter Name				Proof of Age Document	
Age	DOB				
Address Permanent			Address Communication		
	Pin			Pin	
Mob	Tel with STD Code				
E Mail ID					
Sons/ Daughter Name					
Age		DOB		Proof of Age Document	
Address Permanent			Address Communication		
	Pin			Pin	
Mob	Tel with STD Code				
E Mail ID					
Nomination	Name	Relation			Signature
1					
2					
3					

DETAILS OF PAYMENT

Cheque DD

Amount.....NO.....DATE.....

Name of Bank.....Branch.....

AFFIDAVIT

Ihereby state that the details furnished by me are true to the best of my knowledge and I am in sound state of mind and body. I further state I shall abide by the rules and regulations of the scheme which may be amended from time to time (if need arises).

Date

Signature of the Applicant

CERTIFICATE FROM BRANCH PRESIDENT / SECRETARY

I, DR PRESIDENT/ SECRETARY OF IMA.....

BRANCH DO HERE BY CERTIFY THAT DR..... IS A LIFE / ANNUAL MEMBER OF THIS BRANCH.

DATE

SEAL

SIGNATURE

Submit Application form [Page 1 and 2] duly filled and signed along with

1. Any Age proof Document (Copy)
2. Life membership certificate (Copy)
3. Cheque / DD payable at Trivandrum.[RS.100 for out station cheques] drawn in Favour of **IMA NATIONAL HEALTH SCHEME** to *Dr.Alex Franklin.S,Thudakkottil, Dr.Pai Road,TC19/1850/2,Dr.PNRA-34,Poojapura Trivandrum,695012 Tel:9447016953, 04712344674 OR Dr.Sunoj K.S, TC9/1267,Kalpadrulam, Sasthamangalam Post Trivandrum 695010.Tel: 9809220370. 04712727959*

FOR OFFICE USE ONLY

DATE OF APPLICATION

VERIFICATION DETAILS FROM STATE HQ

APPLICATION RECEIVED

LIFE ANNUAL NON MEMBER

RECIEPT NO

DD/CHQ ENCASHED YES NO REPAYED

EN. NUMBERS

DATE OF ENROLMENT

HEALTH CARD SENT ON

SIGNATURE, SECRETARY IMA NHS