IMA National Pension Scheme.

Enclosed herewith D. D./cheque for Rs______________, of which Rs_______________being the admission fee (payable as per the age on admission) Rs. 1000/- towards Annual - Fee plus Annual premium subscription of Rs_______________(Rs. 12,000/- or any higher amount). I understand that my enrolment to the scheme will be effective only after realisation of the cheque/D.D. and issuing of the policy document.

I do hereby declare that the above statements are true and that I have withheld no information whatsoever regarding the application and I agree to pay the amount demanded as per the constitution of this scheme. I shall abide by all the future amendments of the bye-law of the scheme.

Details of payment: Cash    Cheque    D.D.    Core Banking

Cheque / D. D. No. ______________________  Bank: ______________________

Date of Application: ______________________

Signature of the Applicant

NAME OF THE PROMOTER ______________________

Certificate from the Branch Secretary / President

I, Dr. ______________________ Secretary/President, IMA

branch do hereby certify that Dr. ________________________ is a Life member of IMA

________________________ Local / State Branch and that he/she is having continuous membership in IMA since ______________________ (year)

Signature ______________________

Date ______________________

Branch Seal ______________________

Secretary/President, IMA Local Branch ______________________

I. Membership of Pension Scheme

A. Admission Fee:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 30 years</td>
<td>Rs. 3000/-</td>
</tr>
<tr>
<td>30 - 35</td>
<td>Rs. 4000/-</td>
</tr>
<tr>
<td>35 - 40</td>
<td>Rs. 5000/-</td>
</tr>
<tr>
<td>41 - 45</td>
<td>Rs. 6000/-</td>
</tr>
<tr>
<td>Above 45</td>
<td>Rs. 7000/-</td>
</tr>
</tbody>
</table>

NB: Cheques or D. D. are to be drawn in favour of IMA National Pension Scheme payable at Thalassery.

IV. Eligibility of membership

Any life member of IMA is eligible to become a member of Pension Scheme.

V. Future yearly payment falls due in April

A. Annual membership Rs. 1000/-

B. Annual premium Rs. 60,000/- or any higher amount.

Total to be paid annually A+B

II. Age proving document

III. IMA Life Membership Certificate

Completed proforma with necessary documents (II & III) and the required payments are to be sent to:

Dr. P Gopeenathan
Hon: Secretary NPS
Shamshi, Near Kataraja bridge
Post: Chunnambar
Kamnur, Kerala 620702

Date of application: ______________________

Date of enrolment: ______________________

For Office Use Only

Date of receiving: ______________________

Receipt number: ______________________

Date: ______________________

Verification Report from IMA National Head Quarters

Cheque/DD encashed: YES / NO / Repaid

Policy sent on: ______________________

Signature ______________________

Secretary IMA, NPS