

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.....for 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

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

DR MADANA MOHANAN NAIR R.

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

FOR OFFICE ONLY

Date of Application : _____

Receipt No : _____

Date of Enrollment : _____

IMA NFWS NO : _____

Policy sent on : _____

Signature of Secretary

