



**INDIAN MEDICAL ASSOCIATION'S  
KARNATAKA SOCIAL SECURITY SCHEME (R)- No 47/91-92**

Registered Office : IMA House, 2<sup>nd</sup> Floor, Bailappanavar Nagar, Hubli-580029.

Ph: 0836-2355656 - Email: [imaksshbl@gmail.com](mailto:imaksshbl@gmail.com) - Web : [imaksshbl.org](http://imaksshbl.org)

OLD EXISTING SCHEME ☐

NEW SILVER JUBILEE SCHEME ☐

(Separate Application ,DD/ Cheque & Documents should be sent if applied for both the Schemes)

**Documents to be attached:**

1. Duly filled and signed application form.
2. IMA Life membership certificate (Xerox copy).
3. Address proof –Aadhar/Voter ID.
4. Age proof certificate (Xerox copy)
5. Pan card.
6. Three passport size photos.

**Note:** a) At par Cheque/DD as per age tariff attached, to be drawn in favor of

**IMA KSSS** : For Old Existing Scheme

**IMA KSSS SILVER JUBILEE** : For New Silver Jubilee Scheme

b) Duly filled applications to be sent to registered office address mentioned above.

***For office Use Only***

IMA-KSSS No :	Receipt No.	Folio No:
Branch :	Date:	
Date of Provisional Admission :		

PHOTO

**APPLICATION FORM (To be filled in Block letters)**

First Name & Surname : \_\_\_\_\_

Father's / Husbands Name : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Date of Birth: 

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 Age: Years 

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 Months 

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Sex: Male ☐ Female ☐

KMC Regn.No : \_\_\_\_\_ Date of Regn: \_\_\_\_\_ PAN No: \_\_\_\_\_

IMA Life Membership No : \_\_\_\_\_ IMA Branch: \_\_\_\_\_

CORRESPONDENCE POSTAL ADDRESS	PERMANENT POSTAL ADDRESS	
PIN:	PIN:	
<b>FOR E-COMMUNICATION</b>		
Phone No: Residence -	Hospital -	STD Code -
Mobile No:		
Email :		

I the undersigned hereby apply for the membership of IMA's Karnataka Social Security Scheme under Old Existing Scheme / New Silver Jubilee Scheme (Tick appropriate one).

I have enclosed DD/ Cheque with No. \_\_\_\_\_ drawn on Bank \_\_\_\_\_

Branch \_\_\_\_\_ Dated \_\_\_\_\_ for Rs \_\_\_\_\_

in words \_\_\_\_\_

I do here by declare that the above information is true to the best of my knowledge and belief and that I have not withheld any information what so ever regarding my particulars. My membership from the scheme may be terminated if any information given is found to be incorrect or submission of any false information in the application form for joining the scheme or in subsequent communication. I further state that I am in sound state of mind & I agree to pay the Fraternity Contribution as per the rules of the scheme from time to time. I will abide by the constitution and bye-laws of IMA KSSS and amendments made from time to time in the constitution and bye-laws in future. I accept any decision of the Managing Committee as final. I also accept the legal jurisdiction of the IMA KSSS as Hubballi.

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

Place: \_\_\_\_\_

Signature of the Applicant

Motivated by (IMA / KSSS Member) \_\_\_\_\_

I, Dr. \_\_\_\_\_ IMA Life member of \_\_\_\_\_

branch do hereby recommend Dr. \_\_\_\_\_

Life member of \_\_\_\_\_ Branch to become member of IMA'S KSSS.

Seal of Local branch

Signature of Local Branch President / Secretary/IMA'S KSSS MC Member

#### NOMINATION FORM

Sl.No	Name	Relationship	Signature
1			
2			
3			
4			

*Specimen Signature of the Guardian in case of minor nominee.* \_\_\_\_\_

Name of the person who represents the minor & His / Her Address

\_\_\_\_\_

Date of Birth of the Minor1) 

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 Age: Years 

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 Months 

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Date of Birth of the Minor2) 

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 Age: Years 

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 Months 

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I hereby declare that the above information furnished by me is true and correct.

Signature of the Applicant