INDIAN MEDICAL ASSOCIATION'S
KARNATAKA PROFESSIONAL PROTECTION SCHEME (R)

Registered Office: IMA House, AV Road, Chamrajpet, Bangalore-560018.
Ph: 080-26705447 - Email: imakpps@gmail.com Web:imakpps.org

Documents to be attached:

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

Note: a) At par Cheque/DD to be drawn in favor of **IMA KPPS**
b) Duly filled applications to be sent to registered office address mentioned above.

PHOTO

For office Use Only		
IMA-KPPS No:	Receipt No.	Folio No:
Branch:		Date:
Date of Provisional Admission:		

APPLICATION FORM- (To be filled in Block letters)

First Name & Surname :_____

Father's / Husbands Name:_____

Qualifications:_____

Specialty of Practice: _____

Clinic / Hospital / Institution Name:_____

Address of Practice: _____

_____

_____

_____

Date of Birth: | | | | | | | | | Age: Years ☐ Months ☐

Sex: Male ☐ Female ☐

KMC Regn. No:_____ Date of Regn:_____ PAN No:_____

IMA Life Membership No:_____ IMA Branch:_____

Do you Have Professional Indemnity from any other Company. Yes / No

If yes give details:

Company:_____

Indemnity Amount: _____

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

I the undersigned hereby apply for the membership of IMA's Professional Protect Scheme.
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 KPPS 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 KPPS asBangalore.

Date:_____

Place:_____ **Signature of the Applicant**

Motivated by (IMA / KPPS Member)_____

Life member of_____branch do hereby

recommend Dr._____

Life member of_____Branch to become the member of IMA'SKPPS.

IMA KARNATAKA PROFESSIONAL PROTECTION SCHEME

SUBSCRIPTION FEE DETAILS

FEE DETAILS FOR THE 1ST YEAR		
1.	Admission Fee	Rs.100/-
2.	Annual Subscription Fee	Rs.2000/-
3.	Advance Fraternity Contribution	Rs.1000/-
	Total GST 18% & Roundoff Grand Total	Rs.3100/- Rs.600/ Rs.3700/
FEE DETAILS FOR SUBSEQUENT YEARS		
1.	Annual Subscription Fee	Rs.500
2.	Demand Fraternity Contribution	Decided and intimated that year