

SOCIAL SECURITY
SCHEME II

IMA Kerala State Branch

Self Attested
Photo



FOR OFFICE USE ONLY

Date of application

Date of enrolment

Enrolment Number

IMA HQ - Verification Life Annual Non Member

Receipt Number

Date

Policy Dispatch

1. PERSONAL DETAILS

Full Name

Father's Name

Spouse Name

Gender Male Female Date of Birth

Marital Status Single Married Widower Mobile

COMMUNICATION ADDRESS

Pincode

NOMINEE DETAILS RELATIONSHIP SIGNATURE

FOR NEW MEMBERSHIP & CLAIMS & RENEWALS SATTILITE OFFICE

DR. RAMALINGAM A, HON. SECRETARY
SSS 2,IMA KSB, Kesavasadanam, Sumi Arcade
Opp. N.S.S. Medical Mission Hospital, Pandalam (P.O)
Pathanamthitta Dt., Pin : 689501, Ph : 04734-2928472
Mob: 9447053348 8547253349 8075850336

DR. RAMALINGAM A, HON. SECRETARY
SSS 2,IMA KSB
Periyar House, Desom, Aluva,
Cohin - 693102
Mob: 8304092399 9447053348 9495754949

BANKING DETAILS

SOUTH INDIAN BANK, PANDALAM BRANCH
SB Account Number : 00 74 05 30 00 02 80 53
IFSC : SIBL 00 00 337

SOUTH INDIAN BANK, ALUVA BRANCH
SB Account Number : 00 02 05 30 00 10 30 24
IFSC : SIBL 00 00 002

BANKING INSTRUMENTS

DEMAND DRAFT CHEQUE RTGS ONLINE TRANSFER CREDIT CARD DEBIT CARD

CHEQUE / DD NO. TRANSACTION ID AMOUNT

Payment to be done in favour of "Social Security Scheme II, IMA Kerala State Branch, payable at Pandalam"

DATE BANK / BRANCH NAME

EDUCATION DETAILS

[illegible]

CERTIFICATE FROM THE BRANCH_ SECRETARY | PRESIDENT

I Dr..... Hon. Secretary / President of IMA
Branch do hereby certified that Dr. is a
 Life member of IMA Kerala State Branch. He / She is having continuous membership in our branch
 since..... (year).

Date..... (Branch Seal) Signature of IMA Branch Hon. Secretary / President

PERMANENT ADDRESS

[illegible]

DECLARATION

I, DrLife member of IMA, do hereby declare that I will implicitly abide by the Rules and Bye-laws of Social Security Scheme II in force, as amended from time to time. I declare that I am not suffering from any terminal illness. I am a current member of IMA.....branch since..... year. I agree to pay in future the amount demanded as per the constitution of the scheme. I do declare that the above statements are true and that I have not withheld any information whatsoever regarding the application.

Place :

Date :

Signature of the applicant

NEW MEMBERSHIP FEE

AGE UPTO 45 YEARS		AGE 45 YEARS AND ABOVE BUT BELOW 60 YEARS	
Admission Fee	: Rs 4000/-	Admission Fee	: Rs 8000/-
Subscription Fee	: Rs 400/-	Subscription Fee	: Rs 400/-
Total	: Rs 4400/-	Total	: Rs 8400/-

SELF ATTESTED DOCUMENTS TO BE ATTESTED

- ◆ Identity & Age Proving Document
- ◆ Copy of Aadhar
- ◆ IMA Life Membership Certificate

FOR ALL ASSISTANCE & ENQUIRY

Pandalam Office : +91 8547253349, +91 8075850336, 04734-2928472 Aluva Office : +91 8304092399
Personal : +91 9447053348, +91 9495754949,
Email : imasss2kerala@gmail.com Website : www.imakeralassstwo.com

PROMOTOR'S NAME.....