



IMA AP STATE



PROFESSIONAL PROTECTION & WELFARE SCHEME

FORM OF APPLICATION

(To be filled in block letters)

Surname & First Name

Name of Father / Husband

Address

..... Pin

Phone..... Mobile No.....

Qualification University Year of passing.....

Registration No. Year Medical Council.....

SCHEME OPTED

(Refer to brochure for fee structure)

Category-1 Individual Membership	Category-2 Nursing Homes	Category-3 Diagnostic Centres
Risk Benefit Sum Rs..... Speciality Opted Annual Fee Rs.....	Risk Benefit Sum Rs..... No of Beds..... Annual Fee Rs.	Risk Benefit Sum Rs..... Category 3 A/3B Annual Fee Rs.

Enclosed draft/ cheque No..... dated for
Rs.....(Rupees.....only) drawn on
.....

I do hereby declare that the details furnished above are true and correct and I further agree to abide by all Rules & Byelaws of PP&W Scheme of IMA AP State and amendments to be made from time to time.

Date.....

Place

Signature of the Member

CERTIFICATE

This is to certify that Dr..... is a Life/Annual
Member of Branch of IMA AP State.

IMA Membership No.....

Seal of Local Branch with
Signature of the Hony, Secretary
Local Branch of IMA

FOR OFFICE USE ONLY	
APPLICATION _____	LEDGER No. _____
PP& WS No _____	
DATE OF APPLH.RECEIVED _____	
Signature of Hony. Secretary	
Professional Protection & Welfare Scheme	
IMA A.P. State	

1. Membership of PP & W Scheme of IMA AP State is restricted to members of IMA AP State only.
2. Demand Draft/Cheque should be drawn in favour of "PP&W Scheme, IMA AP State" Payable at Hyderabad. Please add Rs.100/- for outstation cheques.
3. Date of effectiveness of the Policy. All three Categories 1,2&3 shall come into effect from the next day of receiving the draft at scheme office or on realization of the cheques along with completely filled application form.
4. In case of Category-2, information of the Beds should be correct and if any increase or decrease in Bed Strength should be informed to the Hony. Secretary, PP & WS Immediately through the Local Branch Secretary of IMA.
5. No Claim Benefit of 20% will be given to the members and must be renewed before expiry date and No Case in the Court on the members. After expiry date it will not be entertained for No Claim Benefit.
6. If notice is received by a member contact the District Coordinator and also forward the following documents mentioned below immediately to the Hony. Secretary of PP & WS with 15 days receiving the Legal Notice.
 - a) Xerox copy of the Notice.
 - b) Xerox copy of the case sheet.
 - c) A detailed note on the incident.
7. Application form and other documents should be sent by registered post or courier services.
8. Government Doctors who are IMA membes are also eligible to become the members of this scheme.
9. The Xerox copies of the application forms can be used for your colleagues.
10. Application form duly filled along with Draft/Cheque should be sent to.

Hony. Secretary,

Professional Protection & Welfare Scheme

IMA AP State

2nd Floor, IMA Building, Esamia Bazar, Hyderabad- 500 027.

Ph: 040-24657014, Fax:040-24738197, email: imaapstate@satyam.net.in