



# FAMILY BENEFIT SCHEME

OF PPLSSS OF IMA TAMILNADU



## MEMBERSHIP APPLICATION FORM

1. Name (in Capital Letters) :  
2. Date of Birth : Age: Sex : Male / Female  
3. Father's / Husband's Name :  
4. Address :

5. Telephone No. :Resi. Hosp.: Pincode:  
6. Qualification : Name of University STD Code :  
Year of Passing
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

7. Registration No. : Year of Registration :  
Name of Medical Council :  
8. Present Places of Practice :  
9. IMA Life Membership No. :  
10. Name of Local Branch :  
11. PPLSSS No. :

12. Are you insured under Indemnity Scheme Yes / No  
If Yes, Name of Insurance Company : \_\_\_\_\_  
Place : Policy No. Date of Expiry

13. Name of Family Members Age Sex Relationship
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

14. Nominee's Name Age Sex Relationship
- \_\_\_\_\_