

15. Payment Details : DD / Cash

DD No.....Bank.....Branch.....

Amount.....Date of issue.....

16. Despatch Details : Date :.....Courier/Registered Post / In Person

Date of commencement of Membership will be from the date of receipt of DD at the Principal Office.

Only DD should be sent in the name of

"Professional Protection Linked Social Security Scheme (GENERAL) of IMA Tamilnadu"
payable at VELLORE.

Send the filled up application along with DD to **Dr. T. Sadagopan**, Hony, Secretary PPLSSS

Usha Nursing Home, 23/2, Filterbed Road, Vellore - 632 001.

Ph : 2224878, 2215457, Cell : 98430 - 34878, 94433 - 74878

DECLARATION

I,..... a Life Member of.....Branch of
IMA, do hereby, declare that the details furnished above are true and correct and that I Will abide by the
Rules and Regulations of Professional Protection Linked Social Security Scheme of IMA Tamilnadu as
amended on 01.03.1998.

Date:

Signature

Forwarded by :.....

Designation :.....

Signature :.....

(FOR OFFICE USE ONLY)

Date of Receipt	:	_____
Mode of Receipt	:	Courier / Reg. Post / in Person (Time : _____ a.m./p.m.)
Application Form	:	Complete / Incomplete
	:	Remarks : _____
DD / Cash	:	_____
Date of Commencement of Membership	:	_____
Date of Despatch of PPLSSS Receipt to the member	:	_____
Date of Despatch of PPLSSS Certificate to the member:	:	_____
PPLSSS Membership No.	:	_____