



**PROFESSIONAL PROTECTION LINKED
SOCIAL SECURITY SCHEME
OF IMA TAMILNADU
NEW MEMBERSHIP APPLICATION FORM**



1. Introduced by : Dr. _____

2. IMA Branch : _____ PPLSSS No. _____

3. Name (in Capital Letters) : Dr. _____

4. Date of Birth : _____ Age: _____ Sex: Male/Female

5. Father's / Husband's Name : _____

6. Address : _____

 _____ Pin code: _____

7. Telephone No. : Resi: _____ Hosp : _____ STD Code: _____
 Mobile No. _____ WhatsApp No. _____
 E-Mail: _____

8. Qualification	Name of the University	Year of Passing
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Registration No. : _____ Year of Registration _____
 Name of the Medical Council : _____

10. Present Place of Practice : _____

11. IMA Life Membership No : _____

12. Name of the Local Branch : _____

13. Category Applied : GP / Non Surgical Specialist / Surgical & Anesthetist

14. Are you insured under indemnity Scheme : Yes / No
 If Yes, Name of Insurance Company : _____
 Place: _____ Policy No. _____ Date of Expiry: _____

15. Name of the Family Members	Age	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Nominee Name _____ Age _____ Sex _____ Relationship _____

17. Payment Details :

DD No. _____ Bank _____ Branch _____

Amount _____ Date of Issue _____

Payment options DD

DD should be taken in the name of "**PPLSSS OF IMA TN**" Payable **at Salem**

Send the filled up application along with payment information to
Dr. P. Manivannan, M.B.B.S, D.ORTHO., Hony.Secretary, PPLSSS of IMA TNSB.
Sri Sugam Hospital (1st Floor), 149- E1,Bazaar Street, Omalur (PO), (TK), Salem - 636 455.
Mob:9487272627, Ph:04290-290455

Dispatch 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.

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 01.3.1998.

I hereby authorize PPLSSS office to send Membership alerts via SMS and e-mail.

Date:

Signature

Not For Renewal Members

Forwarded: _____

Designation: _____

(To be forwarded by the local branch President/Secretary/PPLSSS District Co-ordinator)

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:

D.D. Realised on :

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:

HIGHLIGHTS OF PPLSSS

- ❖ Helps you to counter C.P.A
- ❖ Makes you to shed your defensive practice
- ❖ Best defense in the offensive society
- ❖ Coverage from the day of enrolment
- ❖ Guidance & Safe guarding from day one of receiving notice
- ❖ Compensation upto ₹ 20/- Lakhs for 5 years (based on the Subscription)
- ❖ Immediate Financial grant ₹ 1,00,000/- in case of demise of a member (More than 3 years membership). ₹ 50,000/- for membership below 3 years
- ❖ Free Janatha Personal Accident (Group) Policy for ₹ 1 Lakh
- ❖ Free News Bulletin

PPLSSS NEW MEMBERS SUBSCRIPTION (for a block of 5 years)

Category	Compensation 10 Lakhs			Compensation 20 Lakhs		
	SUBSCRIPTION AMOUNT	GST (Rate 18%)	TOTAL	SUBSCRIPTION AMOUNT	GST (Rate 18%)	TOTAL
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
GENERAL PRACTITIONER	7000	1260	8260	13000	2340	15340
NON - SURGICAL	8000	1440	9440	15000	2700	17700
SURGICAL ANAESTHETIST	9000	1620	10620	17000	3060	20060
Payment options DD. DD should be taken in the name of "PPLSSS OF IMA TN" Payable at SALEM						