

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



1.	Name (in Capital Letters)	: Dr							
2.	Date of Birth	:		Age:	Sex: Male/Female				
3.	Father's / Husband's Name	:							
4.	Address	:							
				Pin code: _					
5.	Telephone No.				STD Code:				
	Mobile No.		WhatsApp	No					
	E-Mail:								
6.	Qualification	Name of the University			Year of Passing				
 7.	Registration No.	:		Year o	f Registration				
	Name of the Medical Council	:							
8.	Present Place of Practice	:							
9.	IMA Life Membership No	:							
10.	Name of the Local Branch	: ——							
11.	Category Applied	: GP/	Non Surgical	Specialist / Surgica	al & Anesthetist				
12.	Are you insured under indemni	ty Schem	ne : Yes	s / No					
	If Yes, Name of Insurance Company :								
	Place: Policy I	No.		Date of Expiry	:				
13.	Name of the Family Members		Age	Sex	Relationship				
14.	Nominee Name		Age	Sex	Relationship				

15. Payment De	talis :									
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 Omalur or Salem										
	Ianivannan,	ed up application along with payment information to M.B.B.S, D.ORTHO., Hony.Secretary, PPLSSS of Floor), 149- E1,Bazaar Street, Omalur (PO), (TK), Sale Mob:9487272627, Ph:04290-290455	IMA TNSB.							
Dispatch Details	: Date	Courier/Registered Post/ in person								
Date of commencem	ent of membe	ership will be from the date of receipt of DD at the p	orincipal office.							
DECLARATION										
l,		a Life Member of	Branch							
of IMA, do hereby, o	declare that th	ne details furnished above are true and correct and t	that I will abide by							
the Rules and Regula	ntions of Profe	ssional Protection Linked Social Security Scheme of	IMA Tamilnadu as							
amended on 01.3.19	98.									
I hereby authorize P	PLSSS office to	o send Membership alerts via SMS and e-mail.								
Date:	e: Signature									
		Not For Renewal Members								
Forwarded:		_								
Designation:		_								
(To be forwarded by	the local bran	nch President/Secretary/PPLSSS District Co-ordinato	or)							
Signature:										
		(FOR OFFICE USE ONLY)								
Date of Receipt	:									
Mode of Receipt	: Courier/F	Reg.Post/in person (Time: a.m/p.m)								
Application Form	: Complete	e/ Incomplete Remarks:								
D.D. Realised on	:									
Date of Commencem	nent of Memb	ership :								
Date of Despatch of	PPLSSS Receip	ot 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 ₹ 50,000/- in case of demise of a member. (More than 5 years membership) ₹ 30,000/- for membership below 5 years
- **❖** Free Janatha Personal Accident (Group) Policy for ₹ 1 Lakh
- **❖** Free News Bulletin

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

	Compensation 10 Lakhs			Compensation 20 Lakhs				
	SUBSCRIPTION AMOUNT	GST (Rate 18%)	TOTA L	SUBSCRIPTION AMOUNT	GST (Rate 18%)	TOTAL		
Category	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 ontions DD DD should be taken in the name of "PPLSSS OF IMA TN" Payable at Omalur or SALEM								

Vide:

- 91St Management Committee Meeting PPLSSS 28-02-2021
- ❖ 308 th State Council Meeting IMA TNSB 21-03-2021
- **❖** From 01-04-2021 there will be No Rs.5 Lakhs Compensation category