INDIAN MEDICAL ASSOCIATION

TELANGANA STATE HEALTH SCHEME

IMA Building, Ground Floor, Room No: 6, Esamia Bazar, Koti, Hyderabad-500027.
Cell: 8688693957, Email: imatshs@gmail.com.
Website:www.imatelanganastate.com,

MEMBERSHIP/S APPLICATION FORM

NEW MEMBER APPLICATION

Name of the Applicant: .....

Age: .....Date of Birth: ....., Age Proof: .....

Communication Address: .....

.....

Permanent Address: .....

.....

Mobile No: ....., Alternate Mobile No: .....,Email Id .....

IMA Life Membership No; ..... Local Branch: .....

IMA APPA FSS Membership: Yes/No. If Yes - Member No: .....

IMA FBS Membership: Yes/No. If Yes - Member No: .....

IMA PP&WS Membership: Yes/No. If Yes - Member No: .....

Complimentary Health Benefit: Rs .....Lakhs. (Subject to Verification of 3 Schemes)

NOMINEES

	Name	Relation	Signature
1.	.....		
2.	.....		

SPOUSE APPLICATION (to be filled if Apply)

Name of the Spouse: .....

Age: .....Date Of Birth: ..... Age Proof: .....

Mobile No: ..... Alternate Mobile No: .....Email Id.....

NOMINEES

	Name	Relation	Signature
1.	.....		
2.	.....		

CHILDREN APPLICATION (to be filled if Apply)

Name/s of the Children: .....

Age: .....Date Of Birth: ..... Age Proof: .....

Mobile No: ..... Alternate Mobile No: .....Email Id.....

NOMINEES

	Name	Relation	Signature
1.	.....		
2.	.....		

PARENTS APPLICATION (to be filled if Apply)

Name/s of the Parents: .....

Age: .....Date Of Birth: ..... Age Proof: .....

Mobile No: ..... Alternate Mobile No: .....Email Id.....

NOMINEES

	Name	Relation	Signature
1.	.....		
2.	.....		

DECLARATION BY THE MEMBER APPLICANT

I Dr ..... member of IMA ..... Branch hereby state that the details furnished by me are true to the best of my knowledge with sound state of mind and body. I further state that I shall abide by the rules and regulation of the IMA Telangana State Health Scheme which may amend time to time.

DATE: .....

PLACE: ..... SIGNATURE: .....

IMA LOCAL BRANCH PRESIDENT/SECRETARY

IMA Local Branch Stamp President /Secretary

APPLICATION VERIFIED

Hony. Secretary
IMA TS Health Scheme

DOCUMENTS TO BE SUBMITTED:

1. Application Form duly filled in and signed.
2. Xerox copies of IMA life membership certificate & IMA Schemes membership Certificates (FSS, FBS&PPWS).
3. Xerox copy of Proof of Date of Birth like Aadhar /Passport/ SSC certificate/ DOB /Pan card Issued by Telangana State Government
4. Cheque/DD in favour of **"IMA TELANGANA STATE HEALTH SCHEME"** Payable at Hyderabad addressed to **Hon. Secretary, IMA Telangana Health Scheme, Room No; 6, Ground Floor, Ima Building, Koti, Hyderabad. 5000027. Mob No: 86886 93957**