



HOSPITAL PROTECTION SCHEME OF PPLSSS OF IMA TAMILNADU

NEW MEMBERSHIP APPLICATION FORM



1. Name of Hospital (in Capital Letters) : _____
2. Date of Establishment : _____
3. Address : _____

_____ Pin code: _____

Telephone Nos. : _____ STD Code: _____

E-mail : _____ Fax No : _____

Mobile No. _____ WhatsApp No. _____

4. IMA NHB No. : _____
5. Year of Enrolment : _____
6. Owner's / Managing Directors Name : _____
7. IMA Local Branch Name : _____
8. IMA Life Membership No : _____
9. IMA PPLSSS No. : _____
- Name of the Medical Council : _____

10. Category Applied : Primary Level / Secondary Level / Tertiary Level

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

FACILITIES AVAILABLE

12. Total No. of Beds : _____ General Wards : _____ Rooms : _____
13. ICU : Yes / No ICCU : Yes / No IMCU : Yes / No
14. O.T. : Yes / No if Yes No. of O.T : _____
15. Labour Room : Yes / No Laboratory : Yes / No X-Ray : Yes / No
16. Ultra Sound : Yes / No Physiotherapy : Yes / No

STAFF PATTERN

17. No. of Consultants : _____
18. No. of Duty Doctors : _____
19. No. of Staff Nurses : _____ Qualified : _____ Trained : _____
20. No. of Technicians : _____ Qualified : _____ Trained : _____

21. Payment Details :

DD No. _____ Bank _____ Branch _____
Amount _____ Date of Issue _____

Payment options DD

DD should be taken in the name of “HPS of PPLSSS of IMA TN” Payable at **Kumbakonam**

Send the filled up application along with payment information to

Dr. P. Lenin, Hony.Secretary, PPLSSS of IMA TNSB.

Sugam Multi-Speciality Hospital, Room No.301 - 3rd floor, No.1 New Railway Station Road,
Kumbakonam - 612001. Mob: 9487272627, 9443070902

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.

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 Receipt to the Hospital/Nursing Home :

Date of Despatch of Certificate to the Hospital/Nursing Home :

HPS Membership No :

VRenewal Due on :

Letter of reminder sent on :

Renewal Fee received on :

FEATURES OF HPS

- ❖ The Scheme will take up notices / cases against the hospitals enrolled and pay the compensation awarded against hospitals but not against the individual doctors.
- ❖ The hospitals are requested to ensure that all the consultants and duty doctors are enrolled as members of PPLSS Scheme so that entire notice / case can be taken and fought collectively.
- ❖ The Hospitals should be members of IMA Nursing Home Board.

HPS NEW

SUBSCRIPTION AMOUNT (Block of three years) +18% GST						
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.
PRIMARY LEVEL	5000	900	5900	9000	1620	10620
SECONDARY LEVEL (ICU / Theatre / Labour Room, X-Ray, Scan, Lab)						
Any one facility	7000	1260	8260	14000	2520	16520
Any two facilities	10000	1800	11800	20000	3600	23600
All three facilities	16000	2880	18880	32000	5760	37760
50 beds & more with all facilities-Tertiary Level				55000	9900	64900

NOTE: NO 5 LAKHS CATEGORY FROM 01.04.2021

Payment options DD. DD should be taken in the name of "HPS of PPLSSS of IMA TN" Payable at Kumbakonam