



**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.	: Resi: _____ Hosp : _____ STD Code: _____		
Mobile No.	_____ WhatsApp No. _____		
E-Mail:	_____		
6. Qualification	Name of the University	Year of Passing	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
7. Registration No.	: _____ Year of 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 / Surgical & Anesthetist		
12. Are you insured under indemnity Scheme	: Yes / No		
If Yes, Name of Insurance Company	: _____		
Place:	Policy No.	Date of Expiry:	
13. Name of the Family Members	Age	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
14. Nominee Name	Age	Sex	Relationship
_____	_____	_____	_____

15. 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 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

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 ₹ 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)

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
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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