

5. DECLARATION

The under signed hereby state that the facts furnished above relating to me are true to my knowledge & belief, and I hereby declare that I am a Life/Annual/Non Member of IMA -----local branch. I further agree to abide by the rules & regulations of the scheme, amenable to amendment, from time to time and when need arise.

Name & Signature of IMA PEPS Member/ Applicant:

Name & Signature of MD / Administrator of Hospital / Institution:

6. PAYMENT DETAILS

- i. DD/ Cheque to be drawn in favour of "PEPS-IMA KSB" payable at **Thiruvananthapuram**
(For Life Membership and Beneficiary)
***(For Outstation Cheques please add Rs. 40/- extra)**

DD / Cheque Amount (Rs.)	
Cheque Service Charge (Rs.)	
DD / Cheque No. & Date	
Name of bank	

7. CERTIFICATE FROM IMA BRANCH SECRETARY (for IMA Members)

<p>I, Dr. Secretary, IMAbranch do hereby certify that Dr. is presently a Life/Annual member of IMA branch.</p>		
Date:	(Branch Seal)	Signature

Membership / Registration Fee Structure*

(Subject to change, as per the decisions of Managing Committee of the Scheme from time to time)

a) PEPS Life Membership - Rs. 1,000/- (Only Life Members of IMA Kerala State can join)

b) Beneficiaries of the Scheme - Rs. 2,500/- (Any Modern Medicine Hospital (Govt. /Private), Health Care Institution or Diagnostic Centres in Kerala can register through an IMA 'PEPS' Member.)

**(50% concession for registering hospitals/institutions owned by PEPS Members)*

c) Employment Bureau: Graduates / Junior Doctors - Rs. 500/-; Post Graduate Specialists - **Rs. 1,000/-;** Super Specialists - **Rs. 2,000/-**. (Any registered modern medicine doctor can join)

**(50% concession for IMA PEPS Members)*

<p>NB: Items 1, 2, 3, 4, 5 & 6 are to be filled in for any type of Membership.</p> <p>Fill in items A, B or C according to the type of membership.</p>		
<p><u>Life MEMBER & BENEFICIARY</u></p> <p style="text-align: center;">Dr. Ajit Bhaskar Hon. Secretary, PEPS 'SABS', Thadampattuthazham Karaparamba P.O., Calicut - 673010 Mob: 9847001717, 9895410576 Whatsapp: 9288191817 E-mail: cardisindiahealthcare@gmail.com cardisindiabhaskarajit@gmail.com</p>	<p>Completed Application form along with DD should be sent to:</p>	<p style="text-align: center;">FOR GENERAL COMMUNICATION PLEASE CONTACT</p> <p style="text-align: center;">Dr. Ajit Bhaskar Hon. Secretary, PEPS IMA STATE Headquarters Anayara P.O Thiruvananthapuram – 695029 Tel : 0471-2741144 Fax : 0471-2741155 E-mail: imapeps@gmail.com</p>

(For office use)

Date of Receiving:

Date of Enrollment:

DD / Cheque No.

Dated:

Bank:

PEPS Life Membership No.	
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Beneficiary No.	
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