



Tele (079) 2658 06 90

# SOCIAL SECURITY SCHEME

## GUJARAT STATE BRANCH INDIAN MEDICAL ASSOCIATION

Office : "A.M.A. House", 3rd Floor, Opp. H. K. College,  
Ashram Road, Ahmedabad - 380 009.

GST IN No. : 24AAATI0762K1ZR

PLEASE USE BLOCK LETTERS

### FOR OFFICE USE

BRANCH

S.S.S. NO.

R. NO.

ENROLLMENT DATE

Surname :

First Name :

Father / Husband's Name :

Date Of Birth :

PAN Card No. :

Aadhar Card No. :

GST No. :

Qualification :

1. Degree/Diplom : \_\_\_\_\_

2. Year of Passing : \_\_\_\_\_

3. College & University : \_\_\_\_\_

No.&Date of Medical Registration :

Name of Medical Council :

Date of (LIFE) Membership of I.M.A.

Name of Local Branch:

#### CORRESPONDENCE ADDRESS

Email :

#### Telephone Nos. with STD Code

Resi. :

Clinic :

Mobile No. :

I the undersigned hereby apply for the membership of Social Security Scheme of Gujarat State Branch, I.M.A.  
I enclose herewith D.D./cheque No. \_\_\_\_\_ for Rs. \_\_\_\_\_ Dt. \_\_\_\_\_  
Bank \_\_\_\_\_ Drawn on being the admission fees as per the age + Rs. 3000/- (A.F.C.) + Annual  
subscription Rs. 1/-

I do hereby declare that the above information is true and that I have withheld no information whatsoever  
regarding the application and I agree to pay the amount demanded as per details of members of this scheme.

I further agree to abide by the conditions laid down in the constitution approved by the State Council for this scheme.

**Full Name of the Nominee :**

(only one name in Capital letter) :

Signature / Thumb impression of Nominee :

Relationship with Applicant :

Address of Nominee : \_\_\_\_\_

PAN Card No. :

Aadhar Card No. :

Date : \_\_\_\_\_

Signature \_\_\_\_\_

P.T.O.

	ADMISSION FEE	18% GST	A.F.C.	ANNUAL Subscription	TOTAL
1. Members under the age of 30 years	Rs. 1000/-	+ 180/-	Rs. 3000/-	+ Rs. 1/-	= Rs. 4181/-
2. Members between 30 & 40 years	Rs. 2000/-	+ 360/-	Rs. 3000/-	+ Rs. 1/-	= Rs. 5361/-
3. Members between 40 & 50 years	Rs. 3000/-	+ 540/-	Rs. 3000/-	+ Rs. 1/-	= Rs. 6541/-

**ADMISSION FEES ONCE PAID WILL NOT BE REFUNDED.**

1. Demand Draft or Cheques payable at Ahmedabad will be accepted.  
M.O., Cash or Out-Station Cheque will not be accepted in any circumstance.
2. Local Cheque or Demand Draft to be drawn in favour of "**Social Security Scheme, Gujarat State Branch, Indian Medical Association**" (S.S.S., G.S.B. I.M.A.)
3. Life membership of I.M.A. is compulsory.
4. Members between the age of 40 to 50 years, must have continuous membership of I.M.A. Gujarat State Branch for last 3 years as per H.F.C. register of Gujarat State Branch Office.
5. Photo copy of Life Membership Certificate and PAN Card & Aadhaar Card must accompany with this form, PAN Card & Aadhaar Card Copy of the Nominee
6. Please pay by separate D.D. for each application, otherwise your application may not be accepted.
7. In case, where nominee is minor or illiterate, the left thumb impression must be taken.
8. Only prescribed form is valid. (Photo copy of the application form will be rejected.)
9. If the application form is not duly completed, it will not be accepted.
10. **For members enrolled on and after 05-11-2001,** benefit of fraternity contribution collected under the scheme is liable only after completion of one year of membership of the scheme as constitution amended in General body Meeting of Social Security Scheme held at Rajkot on 02-11-2001.
11. **For Members joining on and after 1-12-2003**  
Members above the age of 50 years are not eligible to join the scheme.  
He/She have to shall pay the fraternity contribution continuously for twenty five years from the date of joining the scheme, as per constitution amended in general body meeting of Social Security Scheme held at Ahmedabad on 22-11-2003.

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# CERTIFICATE

This is to certify that Dr. \_\_\_\_\_

is a LIFE MEMBER of \_\_\_\_\_

I.M.A. since \_\_\_\_\_ years.

If New Member Give Date\_\_\_\_\_ For H.F.C. Paid to Gujarat State

Branch by D.D./Cheque No. \_\_\_\_\_

Introduced by Dr. \_\_\_\_\_ S.S.C. No. \_\_\_\_\_

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**For Local Branch I.M.A.**

DATE \_\_\_\_\_

BRANCH

**SIGNATURE**

(Rubber Stamp Compulsory)

Secretary / President of  
the local Branch I.M.A.

This is to certify that Dr. \_\_\_\_\_

is a life member of G.S.B. vide No.

Signature \_\_\_\_\_

Hon. State Secretary  
(G.S.B., I.M.A.)

Signature\_\_\_\_\_

Hon. Secretary  
(Social Security Scheme: G.S.B., I.M.A.)