



# INDIAN MEDICAL ASSOCIATION - MAHARASHTRA STATE SOCIAL SECURITY SCHEME

IMA (Mumbai West) Building, 2nd Floor, J.R.Mhatre Marg, J.V.P.D. Scheme, Juhu, Mumbai - 400 049.

☎ : (022) 26232965 Tel.Fax No.:(022) 26233890 Email : imamssss@rediffmail.com / imamsmbai@yahoo.co.in

Member Photo

Nominee Photo

## APPLICATION FORM

(w.e.f. 1st April 2015)

(Please read instructions before filling form)

**For Office Use**

S.S.S. No.

Date of  
Regn.

Receipt No.

IMA BR.

Surname

First Name

Father's / Husband's Name

Sex : M/F

Date of Birth

D D M M Y Y Y Y

Age : \_\_\_\_\_

Address for Correspondence :

Pin

E-mail address

STD code (0 ) Tel. No.

Mobile No.

Name of Medical Council

No. and year of Medical Council Registration :

I.M.A. Life Membership No. & Year :

Name of Local Branch :

### PAYMENT DETAILS

Cash/Chq./DD No. \_\_\_\_\_ Dtd. \_\_\_ / \_\_\_ / 20\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Rupees \_\_\_\_\_ (in words) Rs. \_\_\_\_\_

### CERTIFICATE

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

is a life member of \_\_\_\_\_ Branch of I.M.A.(M.S.). His Life Membership No. is

MAH / \_\_\_\_\_

Seal of the Branch

Signature of Hon. Secretary / President

Date :

\_\_\_\_\_ Branch

Membership suggested by Dr. \_\_\_\_\_

