



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.

E-mail : sssgsbima@gmail.com

GST IN No. : 24AAATI0762K1ZR

**FOR OFFICE USE**

BRANCH

S.S.S. NO.

R. NO.

ENROLLMENT DATE

**PLEASE USE BLOCK LETTERS**

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 : \_\_\_\_\_
4. Gujarat Medical Council No. : \_\_\_\_\_

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

Name of Local Branch:

**CORRESPONDENCE ADDRESS****Telephone Nos. with STD Code**

Resi. :

Clinic :

Mobile No. :

Email :

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	Advanced Fraternity Contribution	Annual Subscription	Total
UP To 30 Years	Rs. 1000/-	180/-	Rs. 3000/-	Rs. 1/-	Rs. 4181/-
31 To 40 Years	Rs. 2000/-	360/-	Rs. 3000/-	Rs. 1/-	Rs. 5361/-
41 To 50 Years	Rs. 3000/-	540/-	Rs. 3000/-	Rs. 1/-	Rs. 6541/-
51 To 55 Years	Rs. 10000/-	1800/-	Rs. 3000/-	Rs. 1/-	Rs. 14801/-
56 To 60 Years	Rs. 20000/-	3600/-	Rs. 3000/-	Rs. 1/-	Rs. 26601/-

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

- Demand Draft or Cheques payable at Ahmedabad will be accepted.  
M.O. , Cash or Out-Station Cheque will not be accepted in any circumstance.
- Local Cheque or Demand Draft to be drawn in favour of **S.S.S., G.S.B. I.M.A.**
- Life membership of I.M.A. is compulsory.
- Photo copy of Life Membership Certificate and PAN Card & Aadhaar Card must accompany with this form, with copy of PAN Card & Aadhaar Card of the Nominee.
- Please pay by separate D.D. for each application, otherwise your application may not be accepted.
- In case, where nominee is minor or illiterate, the left thumb impression must be taken.
- **For Members joining on and after 1-12-2003**  
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.

#### **Approved Amendments From 24/02/2024,**

- The benefit of the above scheme can be availed only after three year of membership who became member of the scheme during 50 to 60 years of age.
- A member **above the age of 50 years and below the age of 60 years** having a continuous membership of Gujarat State Branch of IMA atleast of 3 years on the day of joining the scheme.
- **Every live and retired Members of this scheme shall have to pay Rs. 1500/- (Rupees : One Thousand Five Hundred Only) as Brotherhood Fraternity Contribution (BFC) yearly .**
- A member above the age of sixty years is not eligible to become a member.

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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. \_\_\_\_\_

\* \* \* \* \*

### **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.)