IMATELANGANASTATE

PROFESSIONALPROTECTION&WELFARESCHEME

FORMOFAPPLICATION

(Tobefilledinblockletters)

ADDGST18%

Full Name…Dr.……Dt of birth……..…….

Name of the Hospital / Nursing Homes……..

Name of Father/Husband…….……Age……

Address……..……

…….Pin……...

E.mail.id……...……...Mobile…….……...

Qualification……University……...Year of Passing……

RegistrationNo……..Year……Medical Council No……

SCHEME OPTED

(Refer to brochure for fee structure)

Category-1 Individual Membership	Category-2 Nursing Homes	Category-3 Diagnostic Centres
Risk Benefit Sum Rs……..	Risk Benefit Sum Rs…….	RiskBenefit Sum Rs……..
Speciality Opted……	No.of Beds……	Category3A/3B…….
No.of year Fee:……...	No.of year Fee :----------	No. of year Fee-:----------
Amount:----------	Amount:……...	Amount:……...

Enclosed draft/cheque No…….dated…….for Rs……(Rupees……...

……only)drawn on……..

Is do here by declare that the details furnished above are true and correct and I further agree to abide by all Rules & Byelaws of PP&W Scheme of IMA Telangana State and amendments to be made from time to time.

Date……..

Place……. Signature of the Member

CERTIFICATE

This is to certify that Dr .....is a Life Member

of .....Branch of IMA Telangana State.

IMA Membership No..... Seal of Local Branch with Signature of the Hony.Secretary Local Branch of IMA

FOR OFFICE USE ONLY

APPLICATIONNo.....

LEDGERNo.....

PP&WSNo.....**DATEOFAPPLN.RECEIVED**.....

.....

Signature of Hony. Secretary
Professional Protection & Welfare
Scheme

INSTRUCTIONS

1. Membership of PP&W Scheme of IMA Telangana State is restricted to members of IMA Telangana State only.
2. Demand Draft/Cheque should be drawn in favour of **"PP&W Scheme of IMA Telangana State**" payable at Hyderabad. You can make payment by online to our **A/C no.1969000100082217 IFSC code PUNB0196900 PNB, Koti Branch, Hyderabad**.
3. Date of effectiveness of the Policy. All three Categories 1,2 & 3 shall come into effect from the next day of receiving the draft at scheme office or on realization of the cheques along with completely filled application form.
4. In case of Category-2, information of the Beds should be correct and if any increase or decrease in Bed Strength should be informed to the Hony. Secretary, PP&WS immediately through the Local Branch Secretary of IMA**.**
5. No Claim Benefit
   Concession up to 1-3yrs10%, 4-5yrs20%, 6-10yrs25%,11-15yrs30%. 16-20yrs 40%, 20 and above onwards 50%.
   Any award in the court of law on the members the above discount will not apply.
6. At present the tariff of the Nursing Homes/Hospitals category is reduced by50% from 6thMarch 2022.
7. The Individual Category members can also take the one crore limit from 6th March 2022.
8. If notice is received by a member contact the District Coordinator and also forward the following documents mentioned .Secretary of PP&WS with in 15 days of receiving the Legal Notice.
   a. Xerox copy of the Notice.
   b. Xerox copy of the Case sheet.
   c. A detailed note on the incident.
9. Application form and other documents should be sent by registered post, courier services, or authorised service provider.
10. Please enclose the copies of IMA Life Membership Certificate,MBBS Degree certificate and your speciality and super speciality Degree certificate,Telangana Medical Council Certificate, DMHO Registration Certificate.
11. Government Doctors who are IMA members are also eligible to become the members of this scheme.
12. The Xerox copies of the application forms can be used for your colleagues.
13. Application form duly filled along with Draft/Cheque should be sent to.

Hony Secretary, Professional Protection
&Welfare Scheme IMA Telangana State
First Floor,IMA Building,Esamia Bazar,Hyderabad-500027.
email:ima.ppws@gmail.comCell.9014465593

INDIAN MEDICAL ASSOCIATION

PROFESSIONAL PROTECTION & WELFARE SCHEME

TELANGANA STATE

IMA Building,1st Floor,Esamia Bazar,Hyderabad-500027. Cell: 9014465593 email:ima.ppws@gmail.com

Chairman
DR.V.Ashok
Cell: 9246245811

Hony. Secretary
Dr.B.Narender Reddy
Cell. 9848130605

Hony.Finance Secretary
Dr.H.Ravindra Prakash Babu
Cell: 9348499699

Telangana State President
Dr.V.Vijay Kunar
Cell. 9866341688

Telangana State Secretary
Dr.T.V.Srinivas
Cell. 9849007036

Telangana State Finance Secretary
Dr.J.Vijay Rao
Cell. 9849256689

This New Fees Structure is effective from 6th March 2022 ADD GST 18%

Category-1 Individual doctors
Membership

	A	B	C	D
	MBBS with out Surgical, Investigative and Other Procedures	Medical Specialists, Paediatricians, Gen Physicians, Psychiatrists Dermatologists, Pathologists, Microbiologists ,Chest Physicians.	MBBS who does Surgery, Gen. Surgeons, ENT & Eye Surgeons, Obstetricians and Gynaecologists, Orthopaedic Surgeons, Radiologist, Ultrasonologist, Ophthalmology.	All Super specialists Endoscopic, Laparascopic, and Laser Surgeons, Anaesthetists Oncologists, including Surgical & Medical Chemotherapy &Radiotherapy, Neonatologists, Emergency & Critical Care Doctors, Retinal & Corneal Surgeon, Dermatologists with Cosmetic Surgery ,Urology.
		ONEYEAR		
5L	1500	2000	2500	3000
10L	2500	3500	4000	5000
20L	4000	5000	6500	8000
30L	5000	7500	8500	12500
50L	8000	10000	12500	15000
100L	13600	17000	21250	25500
200L	27200	34000	42500	51000
		FIVEYEARS		
5L	6000	8000	10000	12000
10L	10000	14000	16000	20000
20L	16000	20000	26000	32000
30L	20000	30000	34000	50000
50L	32000	40000	50000	60000
100L	54400	68000	85000	102000
200L	81600	102000	127500	153000

IMA members under category-1 are covered for the Professional Practice in their Clinic/Nursing Home and also in other Nursing Homes and Hospitals.

Category-2 Hospitals and Nursing

Homes Membership

		ONEYEAR		
	1-10BEDS	**11-25BEDS**	**26-50BEDS**	**51-100BEDS**
10L	3750	5000	8750	12500
20L	7500	10000	17500	25000
30L	10000	15000	25000	37500
50L	12500	20000	37500	50000
100L	20000	30000	62500	87500
200L	40000	60000	125000	175000
		3YEARS		
10L	9375	12500	21875	31250
20L	18750	25000	43750	62500
30L	25000	37500	62500	93750
50L	30000	50000	87500	125000
100L	50000	62500	125000	175000
200L	80000	100000	200000	300000

Under Category-2 Professional Practice is covered in their Nursing Homes ,their Consultations and entire staff .The Coverage will not apply to Professional Practice by the member in the other Nursing Homes and Hospitals. Any f also declaration regarding the number of beds will make the members in eligible for claiming the benefits of the Scheme. Any changes in the beds Strength should be intimated to the Hony Secretary of the Scheme. The doctors and consultants of these Nursing Homes should be the members of Indian Medical Association.

Category-3 Diagnostics Centers

	Category-3A With out MRI / CT	**Category-3B With MRI /CT**
	ONEYEAR	
5L	2500	5000
10L	4000	10000
20L	7500	15000
30L	10000	20000
50L	12500	25000
100L	21250	42500
200L	42500	85000
	3YEARS	
5L	6250	12500
10L	10000	25000
20L	18750	37500
30L	25000	50000
50L	31250	62500
100L	53125	106250
200L	63750	127500

Nursing Homes having separate Diagnostic centres should also take theCategory-3 for Diagnostic Centre.

In any Category the risk coverage can be covered for even single case also (1:1).

NOTE:NO CLAIM CONCESSION ELIGIBILITY FOR EXISTING MEMBERS DEPENDING ON THEIR SENIORITY IN YEARS.

1-3	**Years**	**10%**
4-5	**Years**	**20%**
6-10	**Years**	**25%**
11-15	**Years**	**30%**
16-20	**Years**	**40%**

20 and above 50%