

PROFESSIONAL PROTECTION SCHEME

GUJARAT STATE BRANCH, INDIAN MEDICAL ASSOCIATION

"P. P. S. House", Beside Sakar- ∇ Building, Nr. Mithakhali Railway Crossing,
Off. Ashram Road, Navrangpura, Ahmedabad-380009.

Phone : (079) 2658 8929

E-mail : ppsgsbima1@yahoo.in

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APPLICATION FORM

FOR OFFICE USE ONLY

P.P.S. No.

M.R. No.

Date :

Category :

Cheque/D.D. No.

Date :

Amount Rs.

Bank Br.

INDEMNITY COVER

From :

To :

Form Received on :

(To be filled in Block Letters)

Surname

First Name

Father's/Husband's Name

Address :

.....Pin Code.....

STD CODE No. :Phone : (H)(R).....

(Mobile T.No.)..... E-mail-ID :

Membership of G.S.B., I.M.A. Life Member No.

Name of the Local Branch.....Qualifications :

Coverage : ₹ 1 Crore rupees AOA (Any one Accident)

₹ 1 Crore rupees AOY (Any one Year)

CATEGORY

	INFORMATION ABOUT NATURE OF PRACTICE	Admission Fees ₹	Annual Membership Fee ₹	Please put up (✓) marks Whichever is applicable in the Square.
1.	Family Physician, General Duty Doctor (Only MBBS)	1,000/-	1,000/-	
2.	Any Discipline other than above	5,000/-	5,000/-	

DETAILS OF CHEQUE / DEMAND DRAFT (Subject to Realisation)

If Cheque Return, Member should pay Total Fee + ₹ 500/- Extra (Cheque Return Charges)

Cheque/D.D. should be drawn in favour of .

"P.P.S. G.S.B., I.M.A."

Admission Fees ₹.....+Annual Membership Fees ₹..... = Total Amount Payable ₹.....

Name of the Bank : Branch :

Chq./DD No. : Dated :

Please attach Photocopies of : (1) Highest Degree Gujarat Medical Council Registration Certificate
(2) Life Membership Certificate from Gujarat State Branch, I.M.A.

(P.T.O.)

(1)

Signature of the Member

SPECIAL NOTES

- (A) Membership period shall be from 1st April to 31st March (i.e. 12 Months).
- (B) Member joining the Scheme on or after 1st October will have to pay 50% of annual membership fees, however indemnity cover will be given to him/her from the next day of admission
- (C) No refund is admissible to any member who wants to discontinue his / her membership at any Time
- (D) A discontinued member if he/she wants to join the Scheme again will be treated as a new member.
- (E) Members of the Scheme having Nursing Homes and calling consultants for providing treatment to their patients or admitting patients of other doctors shall see that those doctors are also insured with the scheme.
- (F) All Medico- Legal risks arising out of activities in surgical & diagnostic camps and all activities outside the State of Gujarat shall be excluded from the purview of the Scheme.
- (G) After five litigations the scheme reserves its right of renewing or not Renewing his/her membership.
- (H) The scheme is not responsible for any act of a member for which he/she is not professionally qualified and /or professionally experienced/trained.
- (I) Continuous membership of Gujarat State Branch I.M.A. for the entire period of the coverage by the scheme is Mandatory.
- (J) The Scheme shall not provide any indemnity cover for any act of a member which is against the law of the land.
- (K) A General practitioner having Nursing Home and admitting his/her own patient will treat medical cases up to only his/her qualification level. Cases of other discipline admitted in his/her nursing home shall be under the care of concerned specialist, similarly consultant having Nursing Home and admitting cases of other discipline shall see that those cases are under the care of concerned specialist.
- (L) If a member is having attachment, the scheme will cover only the member and not the Hospital to which he/ she is attached.
- (M) For all legal disputes between the member and administration, the jurisdiction shall be restricted to the courts at Ahmedabad only.
- (N) Member doing MTP must get their Nursing Home/Hospital registered with the Government of Gujarat as per MTP act.
- (O) All necessary registrations as per Government Rules/ Regulations/licenses are mandatory.
- (P) All the members of the PPS including anesthetists assisting or conducting any procedure of other than modern medicine shall not be covered under the Scheme for the claim arising out of such procedure.
- (Q) The member cannot hold more than one membership of the Scheme at a time.
- (R) Any Criminal/Civil/Consumer complaint regarding misbehavior / alleged rape against the member and /or dispute regarding the bill/payment for management of the patient will not be covered under the scheme.
- (S) The Scheme covers only the member and not the Hospital/ Nursing Home/Clinic/Laboratory.
- (T) The word "he" also includes/ means "She" whenever applicable.

Please Keep Xerox copy of this completely filled up form for your permanent record.

I have read the Special Note & renewal notice & I declare that the above statement is correct & complete till this date. I, solemnly, pledge that I will inform the Scheme, if there is any change in the above information in future.

Date

Signature of the Member