



HOSPITAL PROTECTION SCHEME OF PPLSSS OF IMA TAMILNADU NEW MEMBERSHIP APPLICATION FORM



1. Name of Hospital (in Capital Letters) : _____
2. Date of Establishment : _____
3. Address : _____

_____ Pin code: _____
- Telephone Nos. : _____ STD Code: _____
- E-mail : _____ Fax No : _____
- Mobile No. _____ WhatsApp No. _____
4. IMA NHB No. : _____
5. Year of Enrolment : _____
6. Owner's / Managing Directors Name : _____
7. IMA Local Branch Name : _____
8. IMA Life Membership No : _____
9. IMA PPLSSS No. : _____
Name of the Medical Council : _____
10. Category Applied : Primary Level / Secondary Level / Tertiary Level
11. Are you insured under indemnity Scheme : Yes / No
If Yes, Name of the Insurance Company : _____
Place: _____ Policy No: _____ Date of Expiry: _____

FACILITIES AVAILABLE

12. Total No. of Beds : _____ General Wards : _____ Rooms : _____
13. ICU : Yes / No ICCU : Yes / No IMCU : Yes / No
14. O.T. : Yes / No if Yes No. of O.T : _____
15. Labour Room : Yes / No Laboratory : Yes / No X-Ray : Yes / No
16. Ultra Sound : Yes / No Physiotherapy : Yes / No

STAFF PATTERN

17. No. of Consultants : _____
18. No. of Duty Doctors : _____
19. No. of Staff Nurses : _____ Qualified : _____ Trained : _____
20. No. of Technicians : _____ Qualified : _____ Trained : _____

21. Payment Details :

DD No. _____ Bank _____ Branch _____
Amount _____ Date of Issue _____

Payment options DD

DD should be taken in the name of "HPS of PPLSSS of IMA TN" Payable at Dharmapuri

Send the filled up application along with payment information to

Dr. M.Chandrasekar., Hony.Secretary, PPLSSS of IMA TNSB.

Pragadeesh Hospital, 66/27, South Railway Line Road, Kumaraswamy Pettai, Dharmapuri - 636701. Mob:
9487272627, 9150515253

Despatch Details : Date _____ Courier/Registered Post/ in person

Date of commencement of membership will be from the date of receipt of DD at the principal office.

DECLARATION

I, _____ a Life Member of _____ Branch
of IMA, do hereby, declare that the details furnished above are true and correct and that I will abide by
the Rules and Regulations of Professional Protection Linked Social Security Scheme of IMA Tamilnadu as
amended on 01.3.1998.

I hereby authorize PPLSSS office to send Membership alerts via SMS and e-mail.

Date:

Signature

Not For Renewal Members

Forwarded by: _____

Designation: _____

(To be forwarded by the local branch President/Secretary/PPLSSS District Co-ordinator)

Signature: _____

(FOR OFFICE USE ONLY)

Date of Receipt :

Mode of Receipt : Courier/ Reg.Post /in person (Time: a.m/p.m)

Application Form : Complete/ Incomplete Remarks:

D.D. Realised on :

Date of Commencement of Membership :

Date of Despatch of Receipt to the Hospital/Nursing Home :

Date of Despatch of Certificate to the Hospital/Nursing Home :

HPS Membership No :

VRenewal Due on :

Letter of reminder sent on :

Renewal Fee received on :

FEATURES OF HPS

- ❖ The Scheme will take up notices / cases against the hospitals enrolled and pay the compensation awarded against hospitals but not against the individual doctors.
- ❖ The hospitals are requested to ensure that all the consultants and duty doctors are enrolled as members of PPLSS Scheme so that entire notice / case can be taken and fought collectively.
- ❖ The Hospitals should be members of IMA Nursing Home Board.

HPS NEW

Category	Compensation 10 Lakhs			Compensation 20 Lakhs			Compensation 30 Lakhs		
	SUBSCRIPTION AMOUNT	GST (Rate 18%)	TOTAL	SUBSCRIPTION AMOUNT	GST (Rate 18%)	TOTAL	SUBSCRIPTION AMOUNT	GST (Rate 18%)	TOTAL
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.			
PRIMARY LEVEL	5000	900	5900	9000	1620	10620	14000	2520	16520
SECONDARY LEVEL (Less than 50 Beds)	12000	2160	14160	24000	4320	28320	36000	6480	42480
TERTIARY LEVEL - 1 (50 to 99 Beds)				55000	9900	64900	75000	13500	88500
TERTIARY LEVEL - 2 (100 to 199 Beds)				100000	18000	118000	120000	21600	141600
TERTIARY LEVEL - 3 (200 to 299 Beds)				200000	36000	236000	225000	40500	265500
TERTIARY LEVEL - 4 (300 to 399 Beds)				300000	54000	354000	360000	64800	424800
TERTIARY LEVEL - 5 (400 Beds & Above)				400000	72000	472000	450000	81000	531000

NOTE: NO 5 LAKHS CATEGORY FROM 01.04.2021

Payment options DD. DD should be taken in the name of "HPS of PPLSSS of IMA TN" Payable at Dharmapuri