

IDA TN PROFESSIONAL INDEMNITY SCHEME

APPLICATION FORM

Name :
DCI Number :
IDA ID Number :
Branch :
Address :

ANY OTHER PROFESSIONAL INDEMNITY INSURANCE IN YOUR NAME : Yes/No

IF YES THE DETAILS OF THE SAME:

Company :
sum Assured :
Valid up to :

PAYMENT DETAILS

Amount :
Date of Transfer :
Tansaction / Reference ID :

Declaration :

I thoroughly understand that the policy shall cover incidents only based on the clauses issued by the company. I have read all the clauses and fully aware of the range and limit of the coverage of this policy and agree to the terms and conditions.

Date :

Place :

Seal & Signature

STEPS FOR ENROLLMENT TO THE SCHEME:

1. Transfer the premium amount
2. Fill the application form completely and sign at the bottom with seal.
3. Scan the duly filled application form in color.
4. Mail the scanned copy of the application form to tnstateida@gmail.com immediately to complete the registration process.
5. You will receive a confirmation mail within 48 working hours after receiving your mail.

The premium amount to be transferred online to the following account only.

Account Name : IDA Tamilnadu State Branch
Account Number : 32520 20000 00202
IFSC : IOBA0003252
Bank & Branch : Indian Overseas Bank & Four Roads Branch

For any further details contact:

Dr. K.P.Senthamarai Kannan
Hon. State Secretary
IDA Tamilnadu State Branch

Address:

IDA Tamilnadu State Branch
Sree Sarojaa Multispeciality Dental Clinic,
Opp. to A.R.Line,
Kumarasampatty,
Cherry Road, Salem – 636007.

Cell : 9385319220 / 9385319221
Email : tnstateida@gmail.com
Website : www.idatamilnadu.com