



**INDIAN MEDICAL ASSOCIATION
TAMILNADU STATE BRANCH
FAMILY SECURITY SCHEME-I**



— «(ONE FOR ALL & ALL FOR ONE)» —

REGISTRATION FORM - FOR FSS - I

MEMBER Photo	NOMINEE I Photo	NOMINEE II Photo	NOMINEE III Photo
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Please paste the passport size photo

MEMBER NAME		AGE / SEX		SIGNATURE
		<input type="text"/>	<input type="text"/>	
NOMINEE - I		<input type="text"/>	<input type="text"/>	
RELATIONSHIP		<input type="text"/>	<input type="text"/>	
NOMINEE - II		<input type="text"/>	<input type="text"/>	
RELATIONSHIP		<input type="text"/>	<input type="text"/>	
NOMINEE - III		<input type="text"/>	<input type="text"/>	
RELATIONSHIP		<input type="text"/>	<input type="text"/>	

DECLARATION

I here by declare that the information given above is true. I am aware of the rules and regulations of Family Security Scheme I of IMA, TNSB and I will abide by it.

SIGNATURE OF THE APPLICANT

BRANCH USE

Forwarded by Hon. Secretary Dr.

LOCAL BRANCH SECRETARY SEAL **SIGNATURE OF LOCAL BRANCH SECRETARY**

OFFICE USE

RECEIPT NO. : NRD AMOUNT : ADVANCE AMOUNT :

ABOVE DETAILS ARE VERIFIED AND APPLICATION **"ACCEPTED / NOT ACCEPTED"**

FSS I MEMBERSHIP NO.

WINDOW PERIOD FROM TO

SIGNATURE OF THE FSS-I SECRETARY

FSS I No. : **INDIAN MEDICAL ASSOCIATION, TNSB****FAMILY SECURITY SCHEME**

(PLEASE FILL ALL INFORMATION BY CAPITAL LETTERS)

NAME : DATE OF BIRTH : AGE SEX ADDRESS : TELEPHONE NO : TAMILNADU MEDICAL COUNCIL NO. MOBILE NO : E.MAIL : QUALIFICATION :

IMA BRANCH IN WHICH THE DOCTOR IS A LIFE MEMBER :

Reference Relative (or) Friend

Name :

Mobile :

LIFE MEMBERSHIP NO

The Following Documents should be sent Compulsorily along with the application Form.

- Application form (Filled Up), photo of member and Nominees
- IMA – Life membership – Xerox copy Compulsory
- Age proof Xerox Copy
- Branch Hon. Secretary – Should forward the application-with IMA seal
- DD according to the Age group
- DD in the name of : **IMA – TNSB – FSS Advance A/c Payable at Nagercoil**
- Please note : **Window period** 1 year except accidental death.
- Advance Fraternity contribution to be paid every year in the month of January (or) on demand.

Please send your Payments & Communication to**Dr. S. BALAGAN RAJA**

Hony. Secretary – IMA TNSB

St. Mary's Hospital Campus,

23/207, College Road,

Nithiravilai – 629154

Kanyakumari Dist.

Off. Tel : 04651-242345, 9840537178

E.mail: imatnsbfss@gmail.com

Office Hours : 10.00 Am to 6.00 Pm only

Age Group	Non Refundable Deposit (NRD)	Deposit Contribution	Toatal Deposit
Upto 30 Years	Rs. 3,000/-	Rs. 12,000/-	Rs. 15,000/-
31- 40 Years	Rs. 10,000/-	Rs. 12,000/-	Rs. 22,000/-
41 - 50 Years	Rs. 50,000/-	Rs. 12,000/-	Rs. 62,000/-

MODE OF PAYMENT

1. AMOUNT IN WORDS :

2. D.D. No. :NRD AMOUNT :ADVANCE AMOUNT

3. BANK : BRANCH :DATE :