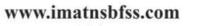


# INDIAN MEDICAL ASSOCIATION

## TAMILNADU STATE BRANCH









			REGISTRATIO:	10	INT TORTOS		
MEMBER		_	NOMINEE I		NOMINEE II		NOMINEE III
	Photo		Photo		Photo		Photo
MEME NAME					AGE / SEX		SIGNATURE
NOMIN	IEE - I						
RELATIO				$\neg$			
NOMIN RELATIO	Variation (Control						
NOMIN	EE - III						
RELATIO	ONSHIP						
	I hereby declare that the information given above is true. I am aware of the rules and regulation of Family Security Scheme - I of IMA, TNSB and I will abide by it.  SIGNATURE OF THE APPLICANT						
LOCAL LOCAL	Fon	warded	by Hon. Secretary D	r			
LOCAL	BRANCH SECRET	ARY / DIS	TRICT COORDINATOR SEAL	SIC	GNATURE OF LOCAL BRANCH	SECRE	TARY / DISTRICT COORDINATOR
ABO)	VE DETAILS ARE	VERIFIE	D AND APPLICATION "ACC	EPTE	ADVANCE AMOUNT D / NOT ACCEPTED"		
WINE	OOW PERIOD FR	MC	TO		SIGN/	ATURE	OF THE FSS I SECRETARY

FSS I	NO.	
1 00 1	110.	***************************************



# INDIAN MEDICAL ASSOCIATION, TNSB

## **FAMILY SECURITY SCHEME - I**

#### APPLICATION FORM

(TO BE FILLED IN BLOCK LETTERS)

NAME:	NAME: MOBILE NO:				
Introduced By / Reference : Relative or Friend					
LIFE MEMBERSHIP NO	O. :				
IMA BRANCH IN WHICH THE DOCTOR IS A LIFE MEMBER :					
QUALIFICATION	:				
EMAIL	:	I			
MOBILE NO.	1				
TELEPHONE NO.	:		TAMILNADU MEDICAL COUNCIL NO.		
ADDRESS	:				
DATE OF BIRTH	:		AGE SEX		
NAME :					

#### The following Documents are mandatory along with the **Application Form:**

- 1. Completed Application form, Photo of the Member and Nominees
- 2. IMA Life Membership Certificate Xerox Copy
- 3. Age proof Xerox Copy
- 4. Attestation of Local IMA Branch Secretary
- 5. DD according to the Age Group
- 6. Demand Draft drawn in favour of "IMA TNSB FSS ADVANCE" Payable at MARTHANDAM
- Please Note: Window period 1 Year

Advance Fraternity contribution to be paid every Year in the Month of

JANUARY (or) on Demand.

➤ Operational year of the Scheme shall be from January 1st to December 31st

#### Membership Eligibility:

Upper age limit to join in FSS - I is 50 Year

Please send your payment & Communication to the following address: Dr.D.Solomon Jeya Hon. Secretary FSS - IMA TNSB William Childen Hospital, Main Road, Marthandam-629165

Off.No. 98405 37178, 93604 98113 Mail: imatnsbfss@gmail.com

Age Group	Non Refundable Deposit (NRD)	Fraternity Contribution (AFC)	Total
Upto 30 Years	Rs. 3,000/-	Rs. 20,000/-	Rs. 23,000/-
31 - 40 Years	Rs. 10,000/-	Rs. 20,000/-	Rs. 30,000/-
41 - 45 Years	Rs. 30,000/-	Rs. 20,000/-	Rs. 50,000/-
46 - 50 Years	Rs. 50,000/-	Rs. 20,000/-	Rs. 70,000/-

#### MODE OF PAYMENT

1	. AMOUNT IN	WORDS:			
2	DD NO	NRD AMOUNT		ADVANCE AMOUNT	
3	BANK:		BRANCH:	DATE :	