



INDIAN MEDICAL ASSOCIATION TAMILNADU STATE BRANCH

FAMILY SECURITY SCHEME I

www.imatnsbfss.com

ONE FOR ALL  ALL FOR ONE



REGISTRATION FORM - FOR FSS - I

MEMBER

NOMINEE I

NOMINEE II

NOMINEE III

Photo

Photo

Photo

Photo

Affix Passport Size

MEMBER NAME

AGE / SEX

SIGNATURE

AGE / SEX

AGE / SEX

SIGNATURE

NOMINEE - I
RELATIONSHIP

AGE / SEX

AGE / SEX

SIGNATURE

NOMINEE - II
RELATIONSHIP

AGE / SEX

AGE / SEX

SIGNATURE

NOMINEE - III
RELATIONSHIP

AGE / SEX

AGE / SEX

SIGNATURE

DECLARATION

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

BRANCH USE

Forwarded by Hon. Secretary Dr.

LOCAL BRANCH SECRETARY / DISTRICT COORDINATOR SEAL

SIGNATURE OF LOCAL BRANCH SECRETARY / DISTRICT COORDINATOR

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 - I****APPLICATION FORM**

(TO BE FILLED IN BLOCK LETTERS)

NAME :

DATE OF BIRTH : AGE SEX

ADDRESS :

TELEPHONE NO. : **TAMILNADU MEDICAL COUNCIL NO.**

MOBILE NO. :

EMAIL :

QUALIFICATION :

IMA BRANCH IN WHICH THE DOCTOR IS A LIFE MEMBER :

LIFE MEMBERSHIP NO. :

Introduced By / Reference : Relative or Friend

NAME: MOBILE NO:

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**
7. 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 :