Photo Duly attested by Local IMA Branch President / Secretary / Treasurer with Office Stamp

FAMILY BENEFIT SCHEME (SURAKSHA) OF INDIAN MEDICAL ASSOCIATION TELANGANA STATE BRANCH

IMA Building, Koti, Esamia Bazar, Hyderabad-500 027.
Ph: 040-24737496, Cell : 95058-31316
Email: ID fbsrima@gmail.com

(For Office Use Only)

Proposed by Dr.....

FBS Member of.....Branch of IMA

IMA TSB LM. No.....

FBS No.....

FBS (SURAKSHA) NO :

Receipt No.:

DATE :

FORM OF APPLICATION

(To be Filled in Block Letters)

SURNAME :.....

FIRST NAME :.....

NAME OF FATHER/HUSBAND :.....

DATE OF BIRTH :.....

AGE ON DATE :.....Years.....Month.....Days.....

SEX :MALE.....FEMALE.....

NAME OF LOCAL BRANCH OF IMA TSB :.....

CORRESPONDENCE ADDRESS :

.....

.....

.....

PHONE:.....

Email ID:.....

PERMANENT ADDRESS

.....

.....

.....

PHONE:..... Whats App Present : Yes / No.

Email ID:.....

I, the undersigned hereby apply for the Membership of Family Benefit Scheme of I.M.A., Telangana State

I enclose here with D.D./ Cheque No.....for Rs.....

(Rupees.....Dated.....)

Drawn on.....Payable at.....towards F B S (Suraksha) Membership Fees

I do here by declare that above information is true and I have not with held any information whatsoever regarding the application and I agree to pay the demanded, Fratenity Contribution once in Six Months as demanded by DFC Bills as per the Rules of FBS IMA Telangana State Branch.

I further agree to abide by all the conditions laid down in the Constitution of the FBS Scheme and to the amendments to be made from time to time.

Signature of Proposer.....

Date.....

Signature of Applicant

Place :

Date:..... Palce.....

NOMINATION FORM

Sl. No.	Name of the Nominee	Date of Birth age of the Nominee Relationship	Thumb Impression (Use Black Ink Pad only)	Signature of the Nominee	Address of Nominee	Stamp Size Photograph of the Nominee Attested by Applicant	Aadhar No. and Pan No. Bank Details of of Nominee	% of DFC Benefit
1.		Date of Birth Age:.....Years. Relationship					Adhar No. : Pan No.: Bank Name/Ac.	
2.		Date of Birth Age:.....Years. Relationship					Adhar No. : Pan No.: Bank Name/Ac.	
3.		Date of Birth Age:.....Years. Relationship					Adhar No. : Pan No.: Bank Name/Ac.	

In case Nominee is a minor Who has not completed 18 Years of age on date of Submission of this Application for FBS TS Membership :- Please Fillup Below :

Name of Guardian	Date of Birth & Relationship to Minor	Thumb Impression of Guardian	Signature of Guardian	Address of Guardian	Stamp Size Photo of Guardian	Adhar No. Pan No. Bank Name & A/c. No.

VOLUNTARY HEALTH DECLARATION

I Dr.....member of.....Local Branch of I.M.A. Telangana State Branch applying for the membership of FBS of I.M.A.Telangana State Branch do here by solemnly affirm and declare that to the best of my knowledge, I am not suffering from any chronic disease (s) like Diabetes/Hypertension/Ischaemic heart disease/ Cerebrovascular accident or Cancer. I have not underwent CABG /Angioplasty / Oncological surgery or any surgery.

If suffering from any chronic disease mention 1. Name of the Disease.....Since.....

2. Name of the Disease.....Since.....

I hereby declare that the above information provided by me is True & Correct

1.....

Signature of Proposer (as on Page 1)

Name :.....FBS No.....

Cell No.....

2.....

(Signature of Member of Local Branch)

Name :.....LM No.....

Cell No.....

(Thumb Impression of Applicant)

Note: For Thumb Impression Use Black ink pad only)

Signature of Applicant.....

Name & Address.....

.....

Cell No.....

CERTIFICATE

(To be issued by President / Secretary / Treasurer of Local Branch Only)

This is to certify that Dr.....

is a Lifemember of.....Local Branch of IMA - TSB

Name of Office Bearer :

Designation :

(OFFICE SEAL)

Signature :

Date :

CHECK LIST

1. Duly filled up Application Form : ☐
2. Photo Duly attested by Local Branch President / Secretary / Treasurer : ☐
3. Signature of Proposer Taken : ☐
4. Signature of Applicant Taken : ☐
5. Membership Fees remitted by
   (a) Cheque No.....of.....Bank, Dated for Rs..... ☐
   (b) DD No.....of.....Bank Dated for Rs..... ☐
6. (a) Proof of Life Membership of IMA.....enclosed : ☐
   (b) Type of Proof Submitted.....
7. (a) Proof of Date of Birth.....enclosed : ☐
   (b) Type of Proof Submitted.....
8. Copy of Adhar Card (Self) Enclosed ☐
9. Copy of Pan Card (Self) Enclosed ☐
10. Two Passport Photos of Self enclosed (one pasted on application form) Duly attested, one loose photo with name & IMA. LM No. written on reverse of the photo : ☐
11. Original Bank Cheque of self duly cancelled enclosed ☐
12. Nominees :
    (a) 2 Pass Photos of each Nominee enclosed : ☐
    (b) Adhar Card of each Nominee enclosed : ☐
    (c) Pan Card of each Nominee (If applicable) enclosed : ☐
    (d) Bank Cheque Original leaf of each Nominee (Cancelling Cheque) enlosed. ☐
13. Guardian in case of minor who has not completed 18 years of age on the day of application
    (a) 2 Passport Size Photos enclosed: ☐
    (b) Adhar Card Copy enclosed : ☐
    (c) Pan Card copy enclosed : ☐
    (d) Bank Cheque original leaf of joint A/c. of Guardian and minor Nominee duly cancelled enclosed: ☐

DECLARATION

I here with state that the FBS (Suraksha) Memberhsip Application form is duly filled to best of my knowledge and following are enclosed as listed below in the Blocks.

No.

1	2	5a	5b	6a	7a	8	9	10	11	12a	12b	12c	12d	13a	13b	13c	13d

Note : Mark ✓ in the above blocks if enclosed
Mark X in the above blocks if not enclosed.

RULES & REGULATIONS :

In the Merged Scheme of FBS Regular and 'A' Series named FBS **(Suraksha)** the following rules shall be abided by me.

1. Age Limite is up to 70 yrs and not completed 70 Years as on the day of joining as decided by the Managing Committe after fulfilling of all the requisites' correctly.
2. Membership fee is as follows Below 45 years Rs. 3,000/- / 46 to 55 yers Rs. 4,000/-/56 years to 60 years, Rs. 5,000/- 61 Years to 65 years Rs. 10,000/- 66 years to 70 years Rs. 15,000/-
3. Membership fees payable by cheque / DD Payable at Hyderabad in the name of "Family Benefit Scheme IMA Telangana State".
4. The date of joining will be deemed to be taken from the date of DD or the date of realization of the Cheque with application form fulfilling all the requistes' correctly as mentioned.
5. The Window Period is for Six Months.
6. The Nominees will not be entitled for the DFC unless 180 days completed from the date of Joining as Confirmed by the Managing Committee.
7. The Nominee shall be Blood related to the applicant supported by Birth Certificate.
8. In Case of Spouse the supporting Marriage Certificate to be enclosed in Original.
9. In Case all the Nominees as nominated by the member at the time of Application have subsequently expired before the demise of the member. The Nominees canbe changed by the member and immediately shall inform the FBS T.S. Office.
10. Thumb Impression to be put legitimately with black inkpad only.in the Block Specially marked for Thumb Impression.

Signature of Member