



Family Security Scheme Indian Medical Association Telangana State

IMA Building, Esamia Bazar, Hyderabad- 500 027.
Ph : 040-24653385, Email: appafssimatelangana@gmail.com

Affix Your
Recent
Stamp Size
Photograph
Attested by
Local Branch
Secretary

(For Office use only)

FSS No :

Date :

Application Form

(To be Filled in Block Letters)

Name in full :

Name of Father/ Husband :

Date of Birth : Age Sex : M F

Correspondence Address :

.....Pin :

Mobile Phone : 1 2 Email :

Permanent Address :

.....Pin :

Mobile Phone 1 2 Email :

IMA Life Member No. of Applicant : Local Branch :

I, The undersigned hereby apply for the membership of Family Security Scheme IMA Telangana State, enclosed herewith

Cheque/DD. No:..... for Rs:..... (Rupees.....

.....) dated:..... drawn on(being the Admission Fee of the

Scheme as per my age.

MEMBER DECLARATION

I, the undersigned, hereby declare that the above information is true and I have not withheld any information whatsoever regarding my particulars. I agree to pay the Fraternity Contributions as and when the bills are sent, as per the rules and regulations of the scheme.

I, Further agree to abide by all the rules & Bye-laws of Family Security scheme IMA TS and also any amendments made from time to time in the scheme constitution/Bye-laws by MC/FSS Council. I will not proceed legally against FSS without first going to the Arbitration Committee of FSS/IMA TS.

Also, I declare that I'm not suffering from any terminal illness at the time of joining the scheme.

I will promptly inform the FSS office, any change in my address/ change of IMA Branch.

In case, any particulars I mentioned in the application are found incorrect, my membership can be terminated, and the benefits of the scheme need not be paid to the nominees.

Date :

Place :

Certificate of Local Branch

(Signature of Member)

This is to certify that Dr.....is a member of

Branch of I.M.A.

Date :

Place :

(Signature of President / Secretary
Rubber Stamp of Local Branch)

S.No	Name of the Nominee (and Guardian if the Nominee is Minor)	Date of Birth of the Nominee	Relationship to the Member	Whether sole Beneficiary or Mention % of Benefit to each of Nominees	Specimen Signature of the Nominee Guardian	Thumb Impression of the nominee	Stamp Size Photograph of the Nominee
1.							
2.							
3.							

NOTE :

1. If the nominee is a minor-please affix the photograph and Thumb impression of the minor with the Signature of the Guardian.
2. The nominees should be Major son or Daughter (Minor son/Daughter accepted only when the member has no Major Son/Daughter)
3. Members upto 35 years Age,Parents are accepted as Nominees.

WITNESSESS :

1. Local Branch Secretary :.....
Name & Signature
2. Local Branch President / any FSS Member :.....
Name & Signature

Enclosures :

(Tick the Appropriate Box)
(Refer to Slient Features Brochure)

1. Cheque or Demand Draft drawn in favour APPA FSS IMA TS Payable at Hyderabad.
2. Proof of life / Annual Membership of I.M.A.
3. Proof of Age

Thumb Impression of
Member

Signature of Member

Date :.....

Place :.....