



INDIAN MEDICAL ASSOCIATION
TAMILNADU STATE BRANCH
FAMILY SECURITY SCHEME - I
ONE FOR ALL & ALL FOR ONE



REGISTRATION FORM - FOR FSS - I

MEMBER

NOMINEE I

NOMINEE II

NOMINEE III

Photo

Photo

Photo

Photo

Please Paste the Passport Size Photo

MEMBER NAME	
NOMINEE - I	
RELATIONSHIP	
NOMINEE - II	
RELATIONSHIP	
NOMINEE - III	
RELATIONSHIP	

AGE / SEX	
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SIGNATURE
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DECLARATION

I here by 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

Forward by Hony. 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 - I

(PLEASE FILL ALL INFORMATION BY CAPITAL 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. :

REFERENCE RELATIVES (OR) FRIENDS

NAME: MOBILE NO:

**The following Documents should be sent Compulsorily
along with the Application Form**

1. Application form (Filled up), Photo of Members and Nominees
2. IMA Life Membership Certificate - Xerox Cop
3. Age proof - Xerox Copy
4. Branch Hony. Secretary - Should forward the application - with IMA Seal
5. DD according to the Age Group
6. DD in the Name of **IMA TNSB FSS ADVANCE A/C Payable at ERODE**
7. Please Note : **Window period 1 Year except accidental death**
8. Advance Fraternity contribution to be every Year in the Month of **JANUARY** (or) on Demand.

**Please send your payment &
Communication****Dr.V. MADHAVAN**
Hony. Secretary FSS - IMA TNSB
Abirami EYE Hospital,
37, EVN Road,
Erode - 638 009
Off.No. **98405 37178, 93604 98113**
Mail: imatnsbfss@gmail.com
Office Hours : 10.00am to 6.00pm
Sunday Holiday

Age Group	Non Refundable Deposit (NRD)	Deposit Contribution	Total 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. DD NO. NRD AMOUNT ADVANCE AMOUNT

3. BANK : BRANCH : DATE :