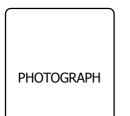


## I.M.A. NATIONAL SOCIAL SECURITY SCHEME



2nd Floor, A.M.A. House, Opp. H.K. College, Ashram Road, Ahmedabad-380009.(Gujarat)

Phone/Fax: (079) 2658 5430 Time: 2.00 p.m. to 6.30 p.m. E-mail: imansss1@gmail.com imansss@vsnl.net

Website: www.imansss.org

## **APPLICATION FORM**

(To Be Filled in Block Letters)

FOR OFFICE USE	<b>FOR</b>	<b>OFFICE</b>	USE
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File No. :

NSSS No.:

Branch :

State :

Category:

Surname	:	
First Name	:	
Name of Father / Husband	:	
Sex	:	
Date of Birth	:	
Age	:	
Qualification	:	
Name of Local Branch of I.M.A.	:	
Name of State Branch of I.M.A.	:	
I.M.A. H.Q. L.M. No.	:	
Correspondence Address		Telephone No. :
•		Resi:
		Clinic :
		STD Code No. :
		Mobile No. :
State :	Pin Code	E-mail :
I, the undersigned hereby apply f	or the Membership of I.M.A. N	National Social Security Scheme.
I enclosed herewith Demand Draft/	Cheque No	Date
drawn on		for Rs
declare that above information is Application and I agree to pay t I further agree to abide by the c	true and I have withheld no the amount demanded as pe	embership Fee Rs. 50/- only. I do hereby information what so ever regarding the r the death of member of this scheme. estitution.
Date :		Applicant's Signature
	CERTIFICATE	Applicant's Signature
This is to certify that Dr.		is a Life Member
		State
From	Date	
		Signature   President
		Secretary / President (Rubber Stamp of Local Branch)

## RULE OF ELIGIBILITY TO BECOME MEMBER OF IMA NSSS :-

Any life member of I.M.A. upto age of 60 years residing in India is eligible to become a member of this scheme, but members above the age of 40 years and below the age of 60 years, must be life member of I.M.A. atleast for 3 Years on the day of joining the scheme.

## **RULE FOR BENEFIT: (Amended Rule Since 19-7-2002)**

Benefit of Fraternity Contribution of the scheme is liable after completion of one year of membership of I.M.A. N.S.S.S. However nominee of member be entitled for such benefits if death of members occurs in accidents even within one year of joining the scheme.

- **N.B.** 1. Demand Draft of Cheque only payable at Ahmedabad will be accepted M.O. or Cash will not be accepted in any circumstance. Send cheque or Demand Draft by Registered A.D. Post only.
  - 2. Cheque of Demand Draft to be drawn in favour of "INDIAN MEDICAL ASSOCIATION NATIONAL SOCIAL SECURITY SCHEME". (I.M.A. N.S.S.S.)
  - 3. Life Membership of I.M.A. Head Quarter is Complulsory.
  - 4. Form must accompany Certified Photo Copy of (1) Birth Certificate (2) Life Membership Certificate of I.M.A. H.Q. (3) Medical Council Registration Certificate.
  - 5. Passport size Photograph.

: NOMINATION FORM :					
Name of the Nominee (In Capital Letter)					
Specimen Signature of Nominee or Guardian in case of minor nominee :	Relationship with Member :				
If Nominee is Minor, Name of the person who represents the minor and his/her address :					
Date of birth and Age of Minor					

F	Amount For D.D. For Various Age Group	ADVANCE FRATERNITY CONTRIBUTION (A.F.C.)	MEMBERSHIP FEES	ADMISSION FEES	TOTAL RS.
1.	Below age 30 Years	5000	50	1000	6050
2.	Between 31-40 Years	5000	50	2000	7050
3.	Between 41-50 Years	5000	50	3000	8050
4.	Between 51-55 Years	5000	50	4000	9050
5.	Between 56-60 Years	5000	50	5000	10050

In Case of outstation Cheque - Add Rs. 90/- as Bank Charges