FSS NO.

INDIAN MEDICAL ASSOCIATION , TNSB

FAMILY SECURITY SCHEME

(PLEASE FILL ALL INFORMATION BY CAPITAL LETTERS)

NAME :

DATE OF BIRTH: AGE SEX

ADDRESS:

TELEPHONE NO.

MOBILE NO.

TAMILNADU MEDICAL COUNCIL NO.

E.MAIL

QUALIFICATION :

IMA BRANCH IN WHICH THE DOCTOR IS A LIFE MEMBER :

Reference Relative (or) Friend

Name :.....

Mobile :.....

LIFE MEMBERSHIP NO.

/ / / / / /

The Following Documents compulsorily should be sent along with application.

- *Application from (Filled Up), Photo of Member and Nominee*
- *IMA – Life Membership –Xerox copy Compulsory*
- *Age proof Xerox Copy*
- *Branch Hon. Secretary - Should forward the application -with IMA seal*
- *DD according to the Age group*
- *DD in the name of : **IMA –TNSB – FSS Advance A/c Payable at ~~Vellore~~** NAGERCOIL*
- *Please Note : **Window period** 1 year except accidental death*
- *Advance Fraternity contribution to be paid every year in the month of January (or) on demand*

Age Group	Non Refundable Deposit (NRD)	Deposit for 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/-

DD ONLY ACCEPTED

NO CHEQUE
CASH
NEFT

MODE OF PAYMENT

1. CASH IN WARDS : _____

2. D.D. No. : _____ AMOUNT : _____ DATE : _____

3. BANK : _____ BRANCH : _____