



**INDIAN MEDICAL ASSOCIATION**  
TAMIL NADU STATE BRANCH



**FAMILY SECURITY SCHEME**

«( ONE FOR ALL \* ALL FOR ONE )»

**MEMBER**

**NOMINEE I**

**NOMINEE II**

**NOMINEE III**

Please paste the Passport size photo

MEMBER  
Nominee I  
Nominee II  
Nominee III

**AGE / SEX**

**SIGNATURE**

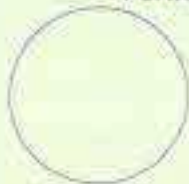
**DECLARATION**

I here by declare that the information given above is true. I am aware of the rules and regulation of Family Security Scheme of IMA, TNSB and I will abide by it.

SIGNATURE OF THE DOCTOR

**BRANCH USE**

Forwarded by Hon. Secretary Dr. \_\_\_\_\_



LOCAL BRANCH SECRETARY SEAL

SIGNATURE OF LOCAL BRANCH SECRETARY

**OFFICE USE**

RECEIPT NO. : \_\_\_\_\_ DEPOSIT AMOUNT : \_\_\_\_\_ ADVANCE AMOUNT : \_\_\_\_\_

ABOVE DETAILS ARE VARIFIED AND APPLICATION "ACCEPTED / NOT ACCEPTED"

FSS MEMBERSHIP NO.

WINDOW PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

SIGNATURE OF THE SECRETARY FSS