



**INDIAN MEDICAL ASSOCIATION
TAMILNADU STATE BRANCH**



FAMILY SECURITY SCHEME II

www.imatnsbfss.com

**LOSSES OF FEW ARE SHARED BY MANY
REGISTRATION FORM - FOR FSS - II**

MEMBER

NOMINEE I

NOMINEE II

NOMINEE III

Photo

Photo

Photo

Photo

Affix Passport Size

MEMBER NAME	
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AGE / SEX

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SIGNATURE

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NOMINEE - I	
RELATIONSHIP	

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NOMINEE - II	
RELATIONSHIP	

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NOMINEE - III	
RELATIONSHIP	

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DECLARATION

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

SIGNATURE OF THE APPLICANT

BRANCH USE

Forwarded by Hon. Secretary Dr.

LOCAL BRANCH SECRETARY / DISTRICT COORDINATOR SEAL

SIGNATURE OF LOCAL BRANCH SECRETARY / DISTRICT COORDINATOR

OFFICE USE

RECEIPT NO. : NRD AMOUNT ADVANCE AMOUNT

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

FSS II MEMBERSHIP NO.

WINDOW PERIOD FROM TO

SIGNATURE OF THE SECRETARY FSS II



FSS I NO.

INDIAN MEDICAL ASSOCIATION, TNSB

FAMILY SECURITY SCHEME - II

APPLICATION FORM

(TO BE FILLED IN BLOCK LETTERS)

REENTRANT
PREVIOUS FSS II NO :

NAME :

DATE OF BIRTH : AGE SEX

ADDRESS :

TELEPHONE NO. : TAMILNADU MEDICAL COUNCIL NO.
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MOBILE NO. :

EMAIL :

QUALIFICATION :

IMA BRANCH IN WHICH THE DOCTOR IS A LIFE MEMBER :

LIFE MEMBERSHIP NO. :

Introduced By / Reference : Relative or Friend

NAME: MOBILE NO:

The following Documents are mandatory along with the Application Form

1. Completed Application form , Photo of the Member and Nominees
2. IMA Life Membership Certificate - Xerox Copy
3. Age proof - Xerox Copy
4. Existing FSS Members should provide FSS I Certificate - Xerox Copy
5. Attestation of local IMA Branch Secretary.
6. DD according to the Age Group
7. Demand Draft drawn in favour of " **IMA TNSB FSS II ADVANCE**" Payable at **Marthandam**.
8. Please Note : **Window period for Existing FSS Members - 6 Months from the date of joining.**

Window period for New FSS II Members - 1 Year from the date of joining

9. Advance Fraternity contribution to be paid every Year in the Month of **JULY** (or) on Demand for 25 consecutive years
➤ Operational year of the scheme shall be from 1st July to 30th June of the following year.

Membership Eligibility :

Upper age limit to join in FSS - II is 55 Year

Please send your payment & Communication to the following address : **Dr.D.Solomon Jeya Hon. Secretary FSS - IMA TNSB William Children Hospital, Main Road, Marthandam-629165 .**

Off.No. 98405 37178, 93604 98113
Mail: imatnsbfss@gmail.com

Age Group	Non Refundable Deposit (NRD)	Fraternity Contribution (AFC)	Total
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 - 45 Years	Rs. 30,000/-	Rs. 12,000/-	Rs. 42,000/-
46 - 50 Years	Rs. 50,000/-	Rs. 12,000/-	Rs. 62,000/-
51 - 55 Years	Rs. 55000/-	Rs. 12,000/-	Rs. 67,000/-

MODE OF PAYMENT

1. AMOUNT IN WORDS:
2. DD NO. NRD AMOUNT ADVANCE AMOUNT
3. BANK: BRANCH : DATE :