



# 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

REENTRANT  
PREVIOUS FSS II NO :

(TO BE FILLED IN BLOCK 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. : .....

#### 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 Chennai.
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 1 July to 30 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. K. KAMALAKANNAN**  
**Hony Secretary FSS**  
**Plot No. 963, 53rd Street,**  
**Anna Nagar Western Extn.,**  
**Chennai - 600 101.**

Office Nos : 98495 37178  
93604 98113 | 044 - 4777 4137  
E-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 : .....