



# INDIAN MEDICAL ASSOCIATION TAMILNADU STATE BRANCH **FAMILY SECURITY SCHEME I**



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ONE FOR ALL & ALL FOR ONE

## REGISTRATION FORM - FOR FSS - I

**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

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 regulation of Family Security Scheme - I 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 I MEMBERSHIP NO. ....

WINDOW PERIOD FROM ..... TO .....

SIGNATURE OF THE FSS I SECRETARY



FSS I NO. ....

# INDIAN MEDICAL ASSOCIATION, TNSB

## FAMILY SECURITY SCHEME I

REENTRANT  
PREVIOUS FSS NO :

### APPLICATION FORM

(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. Attestation of Local IMA Branch Secretary
5. DD according to the Age Group
6. Demand Draft drawn in favour of "IMA TNSB FSS ADVANCE" Payable at **CHENNAI**
7. Please Note : **Window period 1 Year**  
Advance Fraternity contribution to be paid every Year in the Month of **JANUARY** (or) on Demand for 25 consecutive years  
➤ Operational year of the Scheme shall be from January 1<sup>st</sup> to December 31<sup>st</sup>

#### Membership Eligibility :

Upper age limit to join in FSS - I 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 35 Years	Rs. 3,000/-	Rs. 9,000/-	Rs. 12,000/-
36 - 40 Years	Rs. 10,000/-	Rs. 18,000/-	Rs. 28,000/-
41 - 45 Years	Rs. 30,000/-	Rs. 18,000/-	Rs. 48,000/-
46 - 50 Years	Rs. 50,000/-	Rs. 18,000/-	Rs. 68,000/-
51 - 55 Years	Rs. 55,000/-	Rs. 18,000/-	Rs. 73,000/-

#### MODE OF PAYMENT

1. AMOUNT IN WORDS: .....

2. DD NO. .... NRD AMOUNT ..... ADVANCE AMOUNT .....

3. BANK: ..... BRANCH : ..... DATE : .....