# Dr. N. APPA RAO, IMA AP STATE
# FAMILY SECURITY SCHEME

IMA Building, Sultan Bazar, Hyderabad - 500 027.
Phone : 040-24656378 / 24738197

AFFIX YOUR RECENT STAMP SIZE PHOTOGRAPH ATTESTED BY LOCAL BRANCH SECRETARY

(FOR OFFICE USE ONLY)

FSS No. : .....

R.No. : .....

Date : .....

## FORM OF APPLICATION

(TO BE FILLED IN BLOCK LETTERS)

Name in full : .....

Name of Father / Husband : .....

Date of Birth : ☐☐ ☐☐ ☐☐☐☐ Age : ☐☐ Sex M F

Correspondence Address : .....

.....

..... Pin .....

Mobile Phone ..... Phone : (STD) .....No. .....

Permanent Address : .....

.....

..... Pin .....

Mobile Phone ..... Phone : (STD) .....No. .....

IMA LM. No. of Applicant .....

Name of Local Branch of IMA : .....

I.M.A. member since ..... year

I, the undersigned hereby apply for the Membership of **"I.M.A. - A.P. STATE APPA Family Security Scheme"**.

I enclose here with D.D. No. ..... for Rs. ..... (Rupees .....) dated ..... drawn on .....(Bank) being the contribution to the corpus fund of the scheme as per my age and all the other necessary documents. I do hereby declare that the above information is true and I have not withheld any information whatsoever regarding my particulars and my membership can be terminated if any information is found to be incorrect. I agree to pay the Fraternity Contribution as per the Rules of this Scheme.

I further agree to abide by all the rules & byelaws of **IMA AP STATE APPA FSS** and also any amendments to be made from time to time in the constitution / Byelaws by the E.C. in Future. I accept any decision of the E.C. of FSS in this regard.

Date : .....

.....

(Signature)

## CERTIFICATE

This is to certify that Dr. ..... is a Life Member of ..... branch of I.M.A (year). Forwarded to the Secretary, IMA AP STATE APPA FSS.

.....
Secretary / President
(Rubber stamp of Local Branch Compulsory)

## NOMINATION FORM

| Name of the Nominee (and Guardian if the Nominee is Minor) | Date of Birth of the Nominee | Relationship to the Member | Specimen Signature of the Nominee / Guardian | Thumb Impression of the Nominee | Stamp Size Photograph of the Nominee |
|---|---|---|---|---|---|
| | | | | | |
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1. If the nominee is a minor - please affix the Photograph and Thumb Impression of the minor with the Signature of the Guardian.
2. The nominees should be Spouse / Children / Parents.

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ENCLOSURES:
1. Demand draft drawn in favour of "I.M.A. - A.P. State APPA F.S.S." Payable at Hyderabad (Refer to Salient Features Brochure).
2. 2 extra Stamp Size photos of the applicant & each nominee with their names written on the back.
3. Proof of Life Membership of I.M.A.
4. Proof of Age

Thumb Impression of the Member

Signature of the Member

Date : .....

Place : .....