



Dr. N. APPA RAO Family Security Scheme

Indian Medical Association, Andhra

(IMA Hall, Beside Red Cross Building, Santhapet, Ongole - 523001)
Office Address : Prasad Multi Speciality Hospital, Near Nellore Bus Stand,
Santhapet, Ongole - 523001, Cell : 9160155222
E-mail : drnapparaofssimaandhra@gmail.com

Affix Your
Recent
Stamp Size
Photograph
Attested by
Local Branch
Secretary

(For Office use only)

FSS No : _____

Verified signature of Office Manager
Date & Rubber Stamp: _____

Form of Application

(To be Filled in Block Letters)

Name in full : _____

Name of Father / Husband : _____

Date of Birth : Age Sex M F

Doctor or Non Medical Spouse : _____

Correspondance Address : _____

_____ Pin : _____

Mobile Phone _____ Phone (STD) _____ No. _____ E-mail _____

Address _____ Pin : _____

_____ Pin : _____

Mobile Phone _____ Phone (STD) _____ No. _____ E-mail _____

IMA LM/A.M. No. of Applicant _____ Local Branch _____

1 The undersigned hereby apply for the Membership of "I.M.A. Dr. N. APPA RAO Family Security Scheme" Andhra enclose herewith Challan/DD No. _____ for Rs. _____ (Rupees _____) dated _____ drawn on _____ (Bank) being the contribution to the Admission Fee of the

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 Contributions as per the rules and regulations of this Scheme changed from time to time.

I, further agree to abide by all the rules & bye-laws of IMA Dr. N. APPA RAO Family Security Scheme and also any amendments to be made from time to time in the constitution/bye-laws by M.C adhoc management committee FSS Council. I will not proceed legally against FSS without going to the Arbitration Committee of the FSS. (Any change of address must be informed to the office from time to time). Age: For Medical 56 years, for Non-medical Spouse : 52 years.

Date : _____ (Signature of Member) _____

Place: _____ (Revenue Stamp Rs. 5/-)

Health Declaration by Member (Medical)

(For Admission to Dr. N. APPA RAO Family Security Scheme)

I hereby declare that I am not suffering from any of the following Mentioned diseases :

1. Maligancy Primary, Secondary: DFC Paid to Nominees will be 33% or 5 Lakhs.
2. Serious Heart Problem, underwent By-Pass Surgery, or Angioplasty for coronary Artery Disease: DFC Paid to Nominees will be 33% or 5 Lakhs.
3. Serious Neurological diseases, Brain Diseases, DFC Paid to Nominees will be 33% or 5 Lakhs.
4. Serious Kidney Disease : DFC Paid to Nominees will be 33% or 5 Lakhs.
5. Liver Disease like Cirrohsis: DFC Paid to Nominees will be 33% or 5 Lakhs.
6. Serious Bone Diseases: DFC Paid to Nominees will be 33% or 5 Lakhs.
7. Degenerative Diseases: DFC Paid to Nominees will be 33% or 5 Lakhs.
8. Severe Diabetes and/or grade III Hypertension: DFC Paid to Nominees will be 75% or 10 Lakhs.

Note: DFC (Death Faternity Contribution)

I, do hereby declare that the above information is true, and I have not withheld any information whatsoever regarding my health particulars and my FSS Membership can be terminated if any information is found to be incorrect, and Benefits of the FSS Scheme (D.F.C.) need not be paid to the nominees. Failure to inform above will lead to non payment to D.F.C. to Nominee/s.

Date : _____

Place: _____ (Signature of Member)

For Non-Medical Spouse Medical Certificate as above signed by M.D. (General) _____

Certificate of Local Branch

This is to certify that Dr. _____ is a Member of _____ Branch I.M.A.

Date : _____, Place: _____

(State I.M.A. Secretary or FSS Secretary also can sign)

Accepted FSS Membership (Date)

Secretary / President
(Rubber stamp of Local Branch)

Chairman

Finance Secretary

Secretary

S.No.	Name of the Nominee (and Guardian if the Nominee is Minor)	Date of Birth of the Nominee	Relationship to the Member	Whether sole Beneficiary or Mention % of Benefit to each of nominees	Specimen Signature of the Nominee Guardian	Thumb Impression of the Nominee	Stamp Size Photograph of the Nominee
1							
2							
3							

Note :

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 Major Son or Daughter (Minor Son/Daughter) accepted only when the member has no Major Son/Daughter)
3. Members upto 38 years Age, Parents accepted as Nominees.

Witnesses :

1. Local Branch Secretary _____
Name & Signature
2. Local Branch President / any FSS Member _____
Name & Signature

Enclosurers :

- (Tick the
Appropriate Box)
(Refer to Salient
Features Brochure)
1. Challan or Demand Draft drawn in favour of IMA Appa FSS. Payable at Vijayawada
 2. Proof of Life/Annual Membership of I.M.A.
 3. Proof of Age.
 4. Proof of Marriage & Photo.

Thumb Impression
of Member

Signature of Member

Date : _____

Place: _____