



**INDIAN MEDICAL ASSOCIATION
TAMILNADU STATE BRANCH
FAMILY SECURITY SCHEME II**



www.imatnsbfss.com
ONE FOR ALL & ALL FOR ONE

REGISTRATION FORM - FOR FSS-II

MEMBER

Photo

NOMINEE I

Photo

NOMINEE II

Photo

NOMINEE III

Photo

Affix Passport Size

MEMBER NAME	
AADHAR No.	

AGE / SEX

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SIGNATURE

NOMINEE - I		RELATIONSHIP
AADHAR No.		

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NOMINEE - II		RELATIONSHIP
AADHAR No.		

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NOMINEE - III		RELATIONSHIP
AADHAR No.		

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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 II

REENTRANT
PREVIOUS FSS NO :

APPLICATION FORM

(TO BE FILLED IN BLOCK LETTERS)

NAME :

DATE OF BIRTH : AGE..... SEX.....

ADDRESS :

TELEPHONE NO. :

MOBILE NO. :

EMAIL :

QUALIFICATION :

IMA BRANCH IN WHICH THE DOCTOR IS A LIFE MEMBER :

LIFE MEMBERSHIP NO.:

TAMILNADU MEDICAL COUNCIL NO.

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Introduced By

Dr. IMA 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 II ADVANCE" Payable at **Tiruvannamalai.**
7. Please Note: **Window period 1 Year**
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 June-30th

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

Please send your Payment and Communication to the following Address:

Dr. S. GANESAN
Hon. Secretary - FSS
77, Chinnakadai Street, 1st Floor,
(Opp District Forest Office)
Tiruvannamalai - 606 601.
Cell: 98405 37178 | 93604 98113
E-mail: imatnsbfss@gmail.com

Age Group	Non Refundable Deposit (NRD)	Fraternity Contribution (AFC)	Total
Upto 30 Years	Rs. 3,000/-	Rs. 10,500/-	Rs. 13,500/-
31-40 Years	Rs. 10,000/-	Rs. 10,500/-	Rs. 20,500/-
41-45 Years	Rs. 30,000/-	Rs. 10,500/-	Rs. 40,500/-
46-50 Years	Rs. 50,000/-	Rs. 10,500/-	Rs. 60,500/-
51-55 Years	Rs. 55,000/-	Rs. 10,500/-	Rs. 65,500/-

FSS-II New Members

From 1st July to 31th December Rs. 10,500/- as AFC & 1st January to 30th June - 5,250/- AFC

MODE OF PAYMENT

1. AMOUNT IN WORDS:.....

2. DD NO. NRD AMOUNTADVANCE AMOUNT.....

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