INDIAN MEDICAL ASSOCIATION
TAMILNADU STATE BRANCH

FAMILY SECURITY SCHEME

NAME : AGE : SEX : DATE OF BIRTH :

ADDRESS :

TELEPHONE NO. :

QUALIFICATION :

IMA BRANCH IN WHICH THE REPRESENTING DOCTOR IS A LIFE MEMBER :

LIFE MEMBERSHIP NO. :

NOMINEE WITH ADDRESS : RELATION TO THE NOMINEE

1.

2.

3.

MODE OF PAYMENT : 1. CASH 2. D.D.

AMOUNT RS.

D.D. NO. :
AMOUNT :
BANK :
DATE :

DECLARATION

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TURE.

I AM AWARE OF THE RULES AND REGULATION OF FAMILY SECURITY SCHEME OF IMA TNSB AND I WILL ABIDE BY IT.

SIGNATURE OF THE DC

YOUR D.D. MUST BE DRAWN IN FAVOUR OF "FAMILY SECURITY SCHEME OF IMA TNSB PAYABLE AT VELLORE"
(NO CHEQUE WILL BE ENTERTAINED)

OFFICE USE

RECEIPT NO. : DEPOSIT AMOUNT ADVANCE AM

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ABOVE DETAILS ARE VERIFIED AND APPLICATION "ACCEPTED / NOT ACCEPTED".