

15. Payment Details : Draft / Cheque / Cash  
No. \_\_\_\_\_ Bank \_\_\_\_\_ :Branch \_\_\_\_\_  
Amount \_\_\_\_\_ Date of issue \_\_\_\_\_

16. Despatch Details : Date : \_\_\_\_\_ Courier/Registered Post / In Person  
Date of commencement of Membership will be from the date of receipt DD at the Principal Office.

**Only DD** should be sent in the name of

"Family Benefit Scheme in IMA Tamilnadu"

payable at VELLORE.

Send the filled up application along with DD to Dr. T. Sadagopan, Hony, Secretary FBS  
Usha Nursing Home, 23/2, Filterbed Road,  
Vellore -632 001.

Ph : 0416 - 2224878,2215457;

Cell : 98430 - 34878, 94433 - 74878

### DECLARATION

I, \_\_\_\_\_ a Life Member of \_\_\_\_\_ Branch of  
IMA, do hereby, declare that the details furnished above are true and correct and that I Will abide by the  
Rules and Regulations of Family Benefit Scheme of PPLSSS of IMA Tamilnadu.

Date:

Signature

Promoted by : \_\_\_\_\_

Designation : \_\_\_\_\_

Signature : \_\_\_\_\_

### (FOR OFFICE USE ONLLY)

Date of Receipt :

Mode of Receipt : Courier / Reg. Post / in Person (Time : \_\_\_\_\_ a.m./p.m.)

Application Form : Complete / Incomplete

Remarks :

Cheque Realised on :

Date of Commencement of Membership:

Date of Despatch of Receipt to the member:

Date of Despatch of Certificate to the member:

FBS Membership No. :

Renewal Due on :

Letter of reminder sent on :

Renwal Fee received on :