FAMILY BENEFIT SCHEME IMA TELANGANA STATE

1ST Floor, I.M. A. Building, Esamia Bazar,
Koti, Hyderabad-500027.
Email: fbsrima@gmail.com
Office Cell: 9505831316

FOR OFFICE USE
File No :
FBS No :
Branch :
State :
Category :

PHOTOGRAPH

APPLICATION FORM

(To Be Filled in Block Letters)

Surname :

First Name :

Name of Father / Husband :

Sex :

Date of Birth :

Age :

Qualification :

Name of Local Branch of I.M.A :

Name of State Branch of I.M.A :

I.M.A H.Q L.M. No :

Correspondence Address :

_____

_____

State: _____ Pin Code: _____

Telephone No:
Resi:
Clinic:
STD Code No:
Mobile No:
E-Mail:

I, the undersigned hereby apply for the membership of Family Benefit Scheme I.M.A TS.
I enclosed herewith Demand Draft / Cheque No._____ Date _____
Drawn on _____ for Rs. _____
Being the Admission Fee as per age, I do hereby declare that above information is true and I have withheld no information what so ever regarding the Application and I agree to pay the amount demanded as per the death of member of this scheme. I further agree to abide by the condition laid down in the constitution.

Date: _____

_____
Applicant's Signature

CERTIFICATE

This is to certify that Dr. _____ is a Life member of
_____ Branch of I.M.A _____ State
From _____ Date _____ Signature _____
Secretary / President
(Rubber Stamp of Local Branch)

Motivator

Name:

Mobil No:

RULE OF ELIGIBILITY TO BECOME MEMBER OF F B S I M A T S :-

Any life member of I.M.A. upto age of 60 years residing in Telangana is eligible to become a member of this scheme.

RULE FOR BENEFIT :

Benefit of Fraternity Contribution of the scheme is liable after completion of one year of membershipof F B S IMA TS.

The Diseased family will get 9 to 10.50 lacks

N.B 1. Demand Draft o r Cheque only payable at Hyderabad will be accepted. M.O. or Cash will not b e accepted in any circumstance. Send cheque or Demand Draft by Registered A.D. Post only to be drawn in favour of "FAMILY BENEFIT SCHEME IMA TS"

2.Online payments /NEFT/RTGS/GPay/PhonePe/Paytm bank details PNB

A/C No :1969000100082235, IFSC Code PUNB0196900,Branch,Koti.

3. Life Membership of I.M.A. Telangana State is Compulsory.

4. Form must accompany Certified Photo Copy of (1) Birth Certificate

(2) Life Membership Certificate of I.M.A. (3) Medical Council Registration Certificate.

5. Passport size Photograph.

6. Complimentary IMA Health Insurance of 1.5 lack to members of FBS.

: NOMINATION FORM :

SNO	NAME	RELATIONSHIP	AADHAR NUMBER	SINGNATURE	ADDRESS	PHOTO
1						
2						
3						
4						

Age Group	Admission Fees
Below age 45 years	3000/-
Between 46 – 50 Years	6200/-
Between 51 – 55 Years	12,500/-
Between 56 - 60 Years	18,750/-