Dr. N. APPA RAO Family Security Scheme
Indian Medical Association, Andhra Pradesh
(IMA Hall, Beside Red Cross Building, Santhapet, Ongole - 523001)
Office Address : Dr. N. APPA RAO Family Security Scheme, 1st Floor
D.No. 58-10-3(A), Near Bharat Printers, Red Cross Road
Santhapet, Ongole - 523001, Ph. :08592-510890, Cell : 9666111118
E-mail : drnafss@gmail.com

Affix Your Recent stamp Size Photograph Attested by Local Branch Secretary

Serial No. :

(For Office use only)

FSS No : _____

Verified by_____

Date & Rubber Stamp:

Form of Application
(To be Filled in Block CAPITAL LETTERS)

Date of Admission : _____

End Dt. of window period : _____

Effective Dt. of benifit : _____

Name in full : _____

Name of Father / Husband : _____

Date of Birth : ☐☐☐☐☐☐☐☐ Age _____ Gender : M / F

IMA LM No. of Applicant_____ Local Branch _____

Correspondence Address : _____

_____

_____

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

Permanant Address : _____

_____ Pin : _____

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

Alternate Contact Person : _____

_____ Phone : _____

Declaration by Applicant
(For Admission to Dr. N. APPA RAO Familty Security Scheme)

I, Dr. ………………………………………….., do hereby declare that the information given above about, my particulars, is true to my knowledge and I have not withheld any information whatsoever in this regard. If in future any of the above information is found untrue I shall be liable to any action taken by the scheme. I further declare that I shall abide by the Rules & Regulations and Bye-Laws of the scheme by paying the D.F.C. as per schedule and any further amendments to them by the Council. I or my nominees shall not proceed against the Scheme in any court of Law, before approaching the Scheme for Arbitration. Burden of informing any change in the address of correspondence lies with me. Other details are annexed with the form of application. Hence please accept and process my application.

Place :

Date :

Signature of the Applicant.
(RevenueStamp Rs. 5/-)

HEALTH DECLARATION : (strike off whichever is not applicable)

FOR HEALTHY INDIVIDUALS	FOR INDIVIDUALS WITH AILMENT/S
I, as a doctor of modern medicine do hereby declare that, am keeping in good health and do not suffer with any perceptible illness till now and it is true to my knowledge. If anything contrary to this is proved in future, I shall be liable to any action taken by the Scheme.	I, as a doctor of modern medicine do hereby declare that, am suffering with ailment/s of following system/s.(✓mark in the box) C.V.S. ☐ C.N.S. ☐ Respiratory ☐ Musc.Skeletal ☐ Systemic ☐ Metabolic ☐ Malignancy ☐ Any other ☐ **(if ✓ to any, give details along with staging/grading with present treatment in detail in an additional sheet)** **Details given are true to my knowledge. If anything contrary to this is proved in future, I shall be liable to any action taken by the Scheme.**

Date : _____

Place : _____

_____
Sign. of IMA Official
(Local Br. President/Secretary/Dist. Co-ordinator FSS)

_____
(Signature of Member)

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 can also sign)

_____

Accepted for FSS Membership on : _____

Hon. Secretary / President
(Rubber stamp of Local Branch)

Chairman   Finance Secretary   Secretary

S.No.	Name of the Nominee (along with the name of the Guardian if Nominee is a minor)	Date of Birth & age of the Nominee	Relationship to the Member	If not sole beneficiary % of benefit to be awarded	Specimen signature(s) of the Nominee (and Guarden if applicable)	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. Minors are accepted as nominees if only major eligible kith or kin are not there.
3. Parent/s can be nominees in case of unmarried members upto 38 years of age.

Witnessed by :
1. Local Branch Secretary _____
   Name & Signature

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

ANNEXURE – II (Enclosures) :
(Tick the Appropriate Box)
(Refer to Sailent Features Brochure)

1. Admission Fee Particulars : Rs............. DD/Challan No. .... Date:………...…… Bank……...…...........… (Drawn in favour of "DR.N.Appa Rao FSS IMAAP Payable at Ongole)
2. Proof of L.M. of IMA
3. Proof of Age
4. Approved Photo ID (I) Member (II) Nominee One, (III) Nominee Two, (VI) Nominee Three

Thumb Impression of Member

Signature of Applicant

Date : _____

Place : _____