



FAMILY BENEFIT SCHEME IMA TELANGANA STATE

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

PHOTOGRAPH

APPLICATION FORM

(To Be Filled in Block Letters)

FOR OFFICE USE

File No : _____

FBS No : _____

Branch : _____

State : _____

Category : _____

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: _____

CERTIFICATE

Applicant's Signature _____

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.

Members upto the age of 60 to 70 years are eligible upto 31-12-2022 to join the scheme who could not join earlier as special exemption.

RULE FOR BENEFIT :

Benefit of Fraternity Contribution of the scheme is liable after completion of one year of membership of F B S I M A T S.

N.B 1. Demand Draft or Cheque only payable at Hyderabad will be accepted. M.O. or Cash will not be 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 lac to members of FBS.

: NOMINATION FORM :

Name of the Nominee

(In Capital Letter) _____

Specimen Signature of Nominee or
Guardian in case of minor nominee :

Relationship with
Member : _____

If Nominee is minor, Name of the person who
Represents the minor and his / her address : _____

Date of birth and Age of Minor

Age Group	Admission Fees
Below age 45 years	3000/-
Between 46 – 50 Years	5000/-
Between 51 – 55 Years	10,000/-
Between 56 - 60 Years	15,000/-

