HFC FROM BRANCH TO STATE HQ

(Proforma to be sent along with the HFC)

1.	Nam	e of Local Branch											
2.	Deta	ils of HFC											
	No.	Type of Membership)	Rate (Rs.)	No. of Members	Amount (Rs.)	For the Year	100 100 100 100 100	of N Enc	orms d	Re	ema	ırks
	1	New Life Single (NLS)		25,061									
	2	New Life Couple (NLC)		38,192									
	3	Life Single to Life Co	uple	13,125									
		ТОТ	AL										
3.	Deta	ils of DD											
	Amount (Rs.)												
No. and Date													
	Na	me of Bank											
4.		ther detailed List of me arate list of category 1 to				3				□Ye			
5.	. Whether MA Forms attached Yes / □ No (MA Forms are must for all new Applicants)								Ю				
6.	6. Whether copy of Registration Certificate & 2 Passport size Photographs ☐ Yes / ☐ No									Ю			
7.	Rem	arks if any :											
Da	Date :						ature :						

(Seal) Hon. Secretary

HFC DETAILS OF INDIVIDUAL MEMBERS

(To be sent along with Form- A to State HQ)

SI. No	Name & Address	Category*	For the Year	HFC Rs	Remarks
			1		
			T. Br		

^{*} Catogery of membership: Specify OAS, OAC, NAS, NAC, NLS, NLC, CLS, CLC, YD.



LIFE MEMBERSHIP TRANSFER OR CHANGE OF ADDRESS

(Proforma to be sent to State HQ along with the request)

1.	Name of member (in block capitals)	:		
2.	Life membership No.	:		
3.	Name of present Branch	:		
4.	Branch to which transfer is required	:		
5.	Old postal address	;		
6.	New Postal address	:		
			Pin:	Phone
7.	Details of Banch share transfer	:	Amount	DD No
		:	Date	Name of Bank:
8.	Whether member of	:	Scheme	Membership No.
			PPS	
			sss	
			Any other	
Cer	tified that no dues are outstanding ag	ains	t this member to	o this branch.
				Signature of Branch Secretary
Dat	e : (Seal)			Name :
Not	e :			

- 1. All requests should be forwarded through the Branch with a covering letter of the Branch Secretary
- 2. Direct request from the member will not be entertained.
- 3. For change of address item No. 4, 7 and 8 not required, also send back the old wrapper.
- 4. Request for Inter State Transfer should be forwarded through the respective State Branches. In these cases Branch share to be sent; only after direction from State Office.
- In all cases Enclose a copy of request for transfer received from the member.



NON RECEIPT OF LIFE MEMBER CERTIFICATE

(Proforma to be sent to State HQ along with complaint of Non Receipt of LMC)

Name of Doctor (in Block Capitals)	-	
Full Postal Address (Present) (With Pin Code & Phone No.)	7	
Name of Present Branch		
Branch through which applied for Life Membership		
Year in which applied for Life Membership	:	
Details of transfer of branch with year		
Have you got a life member number or Provisional certificate: (if so give details)	*,	
Details of amount paid by the member to local I MA branch		Amount
		Date: Name of Bank
Have you got the receipt or not. If yes attach Xerox copy.	ī	
Are you getting JIMA or News Letter (if Yes attach old wrapper)	:	
Have you ever written to State HQ in this regard. If so furnish the details of it.	:	
Have you enclosed a new set of Membership Application Form in triplicate	:	Yes/ No
Details of payment of HFC to State HQ. No. and Date of covering letter sending HFC to HQ	:	Dated signature of the Member
		Letter No
		Amount :DD No
		DateName of Bank :
Any other relevant records from the Branch which supports the claim		
		Signature of the Branch Secretary
Date (Seal)		Name:
	Full Postal Address (Present) (With Pin Code & Phone No.) Name of Present Branch Branch through which applied for Life Membership Year in which applied for Life Membership Details of transfer of branch with year Have you got a life member number or Provisional certificate: (if so give details) Details of amount paid by the member to local I MA branch Have you got the receipt or not. If yes attach Xerox copy. Are you getting JIMA or News Letter (if Yes attach old wrapper) Have you ever written to State HQ in this regard. If so furnish the details of it. Have you enclosed a new set of Membership Application Form in triplicate Details of payment of HFC to State HQ. No. and Date of covering letter sending HFC to HQ Any other relevant records from the Branch which supports the claim	Full Postal Address (Present) (With Pin Code & Phone No.) Name of Present Branch Branch through which applied for Life Membership Year in which applied for Life Membership Details of transfer of branch with year Have you got a life member number or Provisional certificate: (if so give details) Details of amount paid by the member to local I MA branch Have you got the receipt or not. If yes attach Xerox copy. Are you getting JIMA or News Letter (if Yes attach old wrapper) Have you ever written to State HQ in this regard. If so furnish the details of it. Have you enclosed a new set of Membership Application Form in triplicate Details of payment of HFC to State HQ. No. and Date of covering letter sending HFC to HQ Any other relevant records from the Branch which supports the claim

- Attach one form 'D' for each complaint.
- Details of Item 13 and 14 to be provided by the Branch.
- All the complaints to be forwarded through the Branch with a covering letter of the Branch Secretary
- Enclose a new set of Membership Application Form. No need of MA forms if there is life member number.