





**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	

Certified that no dues are outstanding against this member to this branch.

Signature of Branch Secretary

Date :

(Seal)

Name : .....

**Note :**

- 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.
- 5. 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)

1. Name of Doctor (in Block Capitals) :
2. Full Postal Address (Present) :  
(With Pin Code & Phone No.)
3. Name of Present Branch :
4. Branch through which applied for Life Membership :
5. Year in which applied for Life Membership :
6. Details of transfer of branch with year :
7. Have you got a life member number or Provisional certificate: (if so give details) :
8. Details of amount paid by the member to local I MA branch : Amount..... DD No.....  
Date:..... Name of Bank.....
9. Have you got the receipt or not. If yes attach Xerox copy. :
10. Are you getting JIMA or News Letter (if Yes attach old wrapper) :
11. Have you ever written to State HQ in this regard. If so furnish the details of it. :
12. Have you enclosed a new set of Membership Application Form in triplicate : Yes/ No
13. 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 ..... Date.....  
Amount : ..... DD No.....  
Date..... Name of Bank :.....
14. Any other relevant records from the Branch which supports the claim :  
Signature of the Branch Secretary  
Date : ..... (Seal) Name :

**Note :-**

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