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 | | of M | | orms d | Re | ma | rks |
| | 1 | New Life Single (NLS) | | 21000 | | | | | | | | | | |
| | 2 | New Life Couple (NLC) | | 32000 | | | | | | | | | | |
| | 3 | Life Single to Life Co (LSLC) | uple | 11000 | | | | | | | | | | |
| | | ТОТА | \L | | | | | | | | | | | |
| 3. | Deta | ils of DD | | | | | | l. | | | | | | |
| Amount (Rs.) | | | | | | | | | | | | | | |
| | No | . and Date | | | | | | | | | | | | |
| | Na | me of Bank | | | | | | | | | | | | |
| 4. | | ther detailed List of me | | | | 3 | | | | | □Y€ | es / l | □ N | lo |
| | | | | | | | Υє | es / □ No | | | | | | |
| 6. | . Whether copy of Registration Certificate & 2 Passport size Photographs ☐ Yes / ☐ No | | | | | | | | | | | | | |
| 7. | Rem | arks if any : | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Da | te: | | | | | Signa | ature : | | | | | | | |
| | | | | | | Name | e : | | | | | | | |
| | | | | | | | | | | | | | | |

(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 |
|-----------|----------------|-----------|-----------------|-----------|---------|
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| | A CONTRACTOR | | E BOW | | |
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^{*} 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)

| | | | | Signature of Branch Secretary |
|-----|--|------|--------------------|-------------------------------|
| Cer | tilled that no dues are obtaining ago | anis | st triis member to | uns branch. |
| Cor | tified that no dues are outstanding ag | aine | et this member to | this branch |
| | | | Any other | |
| | | | sss | |
| | | | PPS | |
| 8. | Whether member of | : | Scheme | Membership No. |
| | | : | Date | Name of Bank: |
| 7. | Details of Banch share transfer | : | Amount | DD No |
| | | | Pin: | Phone |
| | | | | |
| 6. | New Postal address | : | | |
| | | | | |
| 5. | Old postal address | 1 | | |
| 4. | Branch to which transfer is required | : | | |
| 3. | Name of present Branch | : | | |
| 2. | Life membership No. | : | | |
| | Name of member (in block capitals) | | | |

Note:

- 1. All requests should be forwarded through the Branch with a covering letter of the Branch Secretary
- 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.
- 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.) | 7 | |
| 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) | ż | |
| 8. | Details of amount paid by the member to local I MA branch | | Amount |
| | | | Date: Name of Bank. |
| 9. | Have you got the receipt or not. If yes attach Xerox copy. | ï | |
| 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 : |
| | | | DateName of Bank : |
| 4. | 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.
- 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.