



INDIAN MEDICAL ASSOCIATION NATIONAL FAMILY WELFARE SCHEME

APPLICATION FORM

E.No. _____

R.No. _____

Date: _____

[M imanfws2018@gmail.com](mailto:imanfws2018@gmail.com)

www.nationalfamilywelfarescheme.com

+919383488443

NAME: _____

AGE _____ **SEX** M F **DATE OF BIRTH** D D M M Y Y Y Y

FATHERS NAME _____

SPOUSE NAME _____

PERMANENT ADDRESS

DISTRICT _____

STATE _____ **PINCODE** _____

PHOTO

 Over signed by
 Branch Sec/Pres

SAME AS PERMENENT ADDRESS

ADDRESS FOR COMMUNICATION

DISTRICT _____

STATE _____ **PINCODE** _____

MOB _____ **TEL NO** _____

EMAIL _____

QUALIFICATION _____

COLLEGE _____

UNIVERSITY _____

MEDICAL COUNCIL REG NO _____ **YEAR** _____

NAME OF MEDICAL COUNCIL _____

IMA LIFE MEMBERSHIP NO _____

NAME OF STATE BRANCH _____

NAME OF LOCAL BRANCH _____

NAME OF THE NOMINEE(S) _____ **RELATIONSHIP** _____

1. _____
2. _____
3. _____
4. _____
5. _____

DECLARATION

I, Dr..... Agedyrs, hereby apply for the Membership of I.M.A National Family Welfare Scheme. I enclosed herewith Demand Draft/Cheque No..... Date drawn on.....for Rs..... being the Admission Fee as per age + Annual Subscription. 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 of the scheme.

Payment by : DD Cheque

DD/ Cheque No..... Date..... Bank & Branch.....

Date of Application

Applicant Signature

CERTIFICATE FROM BRANCH PRESIDENT/SECRETARY

I.....President /Secretary of IMA..... Branch do here by certify that Dr.....is a Life member of IMA.....Branch.

Date.....

SEAL

Signature

1. MEMBERSHIP

a. Admission Fee + Annual Subscription

- | | |
|---------------------------|---------------|
| 1. Member Below 30 years: | Rs.3000+500 |
| 2. 31 years to 40 years | Rs.5000+500 |
| 3. 41 years to 50 years | Rs.7000+500 |
| 4. 51 years to 60 years | Rs.10,000+500 |
| 5. 61 years to 65 years | Rs.20,000+500 |

*DD/Cheque in favour of "IMA NATIONAL FAMILY WELFARE SCHEME" payable at Nedumangad, Thiruvananthapuram District. Cash will not be accepted.

Contact us- +919383488443,
Email:- imanfws2018@gmail.com, For more details
Please visit www.nationalfamilywelfarescheme.com

2. ELIGIBILITY FOR MEMBERSHIP

- Any IMA life member below the age of 65 years on the day of joining the scheme is eligible to become member of the scheme.

Proposed by Dr.....

State & Local Branch.....

Self-attested copies to be attached (*Mandatory)

- Age proof *
- IMA Life membership certificate

*Completed forms and payments should be sent to Secretary

DR. K.VIJAYAKUMAR.

Chairman, IMA NFWS
Past National President
Vijayakumar Hospital,
Swamiyarmadam, Kattathurai – 629158
Kanyakumari District, Tamilnadu.
Ph:- 09443161102, 9025162113
Email:- drvijayakumark@gmail.com
rtnkvk3212@gmail.com

DR.MOHAN ROY. T

Hon. Secretary, IMA NFWS
IMA House,
Nedumangad,
Pazhakutty – 695561
Thiruvananthapuram District,
Kerala State.
Ph:- 09447988992, 09383488443
Email:- mohanroyt@gmail.com

DR MADANA MOHANAN NAIR R.

Treasurer, IMA NFWS
'Sabarmathy',
Punnapra,
Alapuzha – 688004
Kerala State.
Ph:- 09446307976
Email:- rmadanamohanannair@gmail.com

FOR OFFICE ONLY

Date of Application : _____

Receipt No : _____

Date of Enrollment : _____

IMA NFWS No : _____

Policy sent on : _____

Signature of Secretary