INDIAN MEDICAL ASSOCIATION
NATIONAL FAMILY WELFARE SCHEME

APPLICATION FORM

E. No._____

R. No._____

Date :_____

: imanfws2018@gmail.com : www.nationalfamilywelfarescheme.com : +919383488443

NAME	
AGE	SEX M F DATE OF BIRTH
FATHERS NAME	
SPOUSE NAME	
PERMANENT ADDRESS	PHOTO Over signed by Branch Sec/Pres
DISTRICT	
STATE	PINCODE

SAME AS PERMANENT 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. ..... Aged ..... yrs, 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*** ☐ ***Online Payment is available in our website***
www.nationalfamilywelfarescheme.com

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

Age	Admission Fee	Annual Subscription	GST 18%	Total
Below 30 yrs	3000	500	630	4130
30 - 39 yrs	5000	500	990	6490
40 - 49 yrs	7000	500	1350	8850
50 - 59 yrs	10000	500	1890	12390
60 - 65 yrs	20000	500	3690	24190

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

Contact us : +91 9383488443
Email : imanfws2018@gmail.com
For more Details Please vist :
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)

1. **Age proof***
2. **IMA Life membership certificate**

*Complete forms and payments should be sent to secretary

Chairman
Dr. J.A. JAYALAL
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Email : gopalansudarsanan@gmail.com

FOR OFFICE ONLY

Date of Application : _____ Receipt No : _____

Date of Enrollment : _____ IMA NFWS No. : _____

Policy sent on : _____

Signature of Secretary