



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)

- Age proof*
- IMA Life membership certificate

*Complete forms and payments should be sent to secretary

Chairman
Dr. J.A. JAYALAL
Annammal Hospital
Kuzhithurai
Kanyakumari Dist., Tamilnadu State
Ph : 09443160026
Email : lapsurgeon2001@yahoo.co.in

Secretary
Dr. SYAM D GOPAL
IMA National Family Welfare Scheme
Kalyani Mall, Shop No. 5, Marakkadamukku
Palachira P.O., 695143, Trivandrum, Kerala
Ph : 09447087766, 9383488443
Email : syamdgp@gmail.com

Treasurer
Dr. SUDARSANAN.G
Vismaya, AKG Nagar
Pangappara P.O., Trivandrum
695581, Kerala State
Ph : 0471 2418760, 9349418760
Email : gopalansudarsanan@gmail.com

FOR OFFICE ONLY

Date of Application : _____

Receipt No : _____

Date of Enrollment : _____

IMA NFWS No. : _____

Policy sent on : _____

Signature of Secretary