

# HEALTH SCHEME

## I.M.A. G.S.B.

2<sup>nd</sup> Floor, A.M.A.<sup>a</sup> House, Opp. H.K. College,  
Ashram Road, Ahmedabad-380 009. (Gujarat)

Phone 079-2658 5430 Time : 2:00p.m. To 6:30 p.m.

E-mail : healthschemeimagsb@gmail.com



### APPLICATION FORM

(TO BE FILLED IN BLOCK LETTERS)

#### FOR OFFICE USE ONLY

Health Scheme No. :

Name Of Branch :

Category :

Chairman :

Hon. Secretary :

(A) Information about members :

Surname : \_\_\_\_\_

First Name : \_\_\_\_\_

Name of Father/Husband : \_\_\_\_\_

Sex : Male / Female

Date of Birth : \_\_\_\_\_

Age : \_\_\_\_\_ Yrs.

Qualification : \_\_\_\_\_

(B) Information about Spouse :

Surname : \_\_\_\_\_

First Name : \_\_\_\_\_

Name of Father/Husband : \_\_\_\_\_

Sex : Male / Female

Date of Birth : \_\_\_\_\_

Age : \_\_\_\_\_ Yrs.

Name of Local Branch of I.M.A. : \_\_\_\_\_

L.M. No. of G.S.B. I.M.A. : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. :-

Clinic :-

Resi. :-

STD Code No. :-

Mobile No. :-

E-mail :-

I, the undersigned hereby apply for the membership of Health Scheme I.M.A. G.S.B.

I, enclose herewith Demand Draft/ Cheque No. .... Dated.....

Drawn on .....for Rs.....

(Admission Fee Rs.....+ Membership Fee Rs. .... +

Membership Fee Spouse Rs.....+ A.F.C. Rs.....

Total Rupees.....

#### FORWARDED THROUGH :

Hon. Secretary, Local Branch :

Signature :

Name :

Name of the Branch :

Hon. State Secretary :

Signature :

Name :

#### N.B. :

1. Demand Draft or Cheque only payable at Ahmedabad will be accepted. M.O. or Cash will not be accepted in any circumstances.,
2. Cheques or Demand Draft to be drawn in favour of **"HEALTH SCHEME I.M.A. G.S.B."**
3. Send Cheque or Demand Draft by Hand Delivery or Registered A.D. Post
4. Life Membership of I.M.A. G.S.B. is compulsory.
5. Certified Photo copy of (1) Birth Certificate - Aadhar Card or School Leaving Certificate  
(2) Life Membership Certificate of I.M.A. G.S.B. must accompany with this Form.

# NOMINATION FORM

Name of the Nominee :

(In Capital Letter)

If Nominee is Minor,

Date of Birth and Age of Minor :

Three Specimen Signature of Nominee

Or Guardian in case of Minor Nominere :

- 1.
- 2.
- 3.

Relation with member :

If nominee is Minor, Name of the person who represents the minor and his/her address :

For Member :

I do hereby declare that, I am not suffering from any diseases / suffering from???????????????? diseases. At anytime no proposal for policy covering my health / life has been rejected by LIC, ULIP or Mediclaim Insurance Policy. I have withheld no information what so ever regarding application and I agree to pay the amount demanded as per the rules of the scheme. I further agree to abide by the condition laid down in the constitution approved by the State Council of Gujarat State Branch for this scheme.

Signature of Member :

Date : .....

**For Spouse(if annual subscription for spouse is paid)**

I do hereby declare that, I am not suffering from any diseases / suffering from???????????????? diseases. At anytime no proposal for policy covering my health / life has been rejected by LIC, ULIP or Mediclaim Insurance Policy. I have withheld no information what so ever regarding application and I agree to pay the amount demanded as per the rules of the scheme. I further agree to abide by the condition laid down in the constitution approved by the State Council of Gujarat State Branch for this scheme.

Signature of Spouse :

Date : .....

## SCHEDULE OF FEE

Age Group	Admission Fee Rs.	Advance F.A.C. Rs.	Annual Membership Fee Rs.	Total	Annual Subscription For Spouse Rs.	Total
Below age of 35 yrs.	00	5000	50	5050	50	5100
Between 36 - 45 yrs.	00	5000	50	5050	50	5100
Between 46 - 55 yrs.	00	5000	50	5050	50	5100