**NAME:**

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<th>DATE OF BIRTH</th>
<th>FATHERS NAME</th>
<th>SPouse NAME</th>
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**PERMANENT ADDRESS**

<table>
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<th>PINCODE</th>
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**SAME AS PERMANENT ADDRESS**

**ADDRESS FOR COMMUNICATION**

<table>
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<tr>
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<th>PINCODE</th>
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**MOB**

**TEL NO**

**EMAIL**

**QUALIFICATION**

**COLLEGE**

**UNIVERSITY**

**MEDICAL COUNCIL REG NO**

**NAME OF MEDICAL COUNCIL**

**IMA LIFE MEMBERSHIP NO**

**NAME OF STATE BRANCH**

**NAME OF LOCAL BRANCH**

**NAME OF THE NOMINEE(S)**

<table>
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<tr>
<th>RELATIONSHIP</th>
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**INDIAN MEDICAL ASSOCIATION NATIONAL FAMILY WELFARE SCHEME**

**APPLICATION FORM**

**E.No.**

**R.No.**

**Date:**

---

**OVER SIGNED BY**

**BRANCH SEC/ PRES**

**INDIAN MEDICAL ASSOCIATION NATIONAL FAMILY WELFARE SCHEME**

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

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**APPLICATION FORM**

**E.No.**

**R.No.**

**Date:**

---

**INDIAN MEDICAL ASSOCIATION NATIONAL FAMILY WELFARE SCHEME**

**imanfws2018@gmail.com**  **www.nationalfamilywelfarescheme.com**  **+919383488443**
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 ☐
DD/ Cheque No………………… Date………………….. Bank & Branch………………………………………………
Date of Application …………………

Applicant Signature

CERTIFICATE FROM BRANCH PRESIDENT/SECRETARY

I………………………………President /Secretary of IMA………………………… Branch do hereby 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.

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

*Completed forms and payments should be sent to Secretary

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

DR. K.VIJAYAKUMAR.
Chairman, IMA NFWS
Past National President
Vijayakumar Hospital,
Swamiyarmam, Kattathurai – 629158
Kanyakumari District, Tamilnadu.
Ph: 09443161102, 9025162113
Email: drvijayakumar@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’,
Punnnapra,
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