



Tele (079) 2658 87 75

## FOR OFFICE USE

**MEMBERSHIP CATEGORY**  
MEMBER / ASSOCIATE MEMBER

**F.B.S. NO.**

**R. No.**

**ENROLLMENT DATE**

# FAMILY BENEFIT SCHEME

## AHMEDABAD MEDICAL ASSOCIATION

(Branch of I.M.A.)

Office : "A.M.A. House", 1st Floor, Opp. H. K. College,  
Ashram Road, Ahmedabad - 380 009.

E-mail : fbsama@ahmedabadmedicalassociation.com

**PLEASE USE BLOCK LETTERS**

**PHOTO**

Surname :

First Name :

Father / Husband's Name :

Date Of Birth : \_\_\_\_\_ Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

A.M.A. Life Membership No. \_\_\_\_\_

**CORRESPONDENCE ADDRESS**

**Telephone Nos. with STD Code**

**Resi. :**

**Clinic :**

**Mobile No. :**

**Email :**

Preferred mode of communication : (Please Tick) ☐ Post ☐ E-mail

I the undersigned hereby apply for the membership of Family Benefit Scheme of Ahmedabad Medical Association.

I enclose herewith D.D./cheque No. \_\_\_\_\_ for Rs. \_\_\_\_\_ Dt. \_\_\_\_\_

Bank & Branch \_\_\_\_\_

I do hereby declare that the above information is true and that I have withheld no information whatsoever regarding the application and I agree to pay the amount demanded as per details of members of this scheme.

I further agree to abide by the conditions laid down in the constitution approved by the Ahmedabad Medical Association, time to time

I, hereby declare that I am / am not suffering from any illness at present.

N.B. : If yes please provide the details \_\_\_\_\_

**Full Name of the Nominee : 1.** \_\_\_\_\_

Signature \_\_\_\_\_

Age : \_\_\_\_\_

**Full Name of the Nominee : 2.** \_\_\_\_\_

Signature \_\_\_\_\_

Age : \_\_\_\_\_

**Address of Nominee : 1.** \_\_\_\_\_

**Address of Nominee : 2.** \_\_\_\_\_

**PHOTO**

Introduced by Dr. \_\_\_\_\_

AMA L.M. No. : \_\_\_\_\_

Signature of applicant **P.T.O.**

**FEE SCHEDULE :**

Member's AGE	A.F.C.	ADM + 9% CGST + 9% SGST	Total
Up to 35	3000	3850 + 346.50 + 346.50	7543
36 to 40	3000	4400 + 396 + 396	8192
41 to 45	3000	5500 + 495 + 495	9490
46 to 50	3000	6600 + 594 + 594	10788
51 to 55	3000	7700 + 693 + 693	12086

AFC : Advanced Fraternity Contribution

ADM : Admission Fee

For Calculation of Age : Age near to next birthday will be counted.

**ADMISSION FEES ONCE PAID WILL NOT BE REFUNDED.**

**I : Eligibility of the members :**

Life Member of Ahmedabad Medical Association upto completion of 55 years of age and his / her spouse are eligible to become member of this scheme.

1. Necessary payment is done as per the fee schedule.  
M.O., Cash or Out-Station Cheque will not be accepted in any circumstance.
2. Payment will be accepted by Local Cheque / Demand Draft only in favour of  
**"AMA- FAMILY BENEFIT SCHEME"**
3. Membership will come in Force after realisation of cheque.
4. For members above age of 40 years, 3 years of Continuous Life membership of Ahmedabad Medical Association is mandatory.
5. Please pay by separate Cheque/D.D. for each application.
6. In case, where nominee is minor or illiterate, the left thumb impression must be taken.
7. Only prescribed form is valid. (Photo copy of the application form will not be accepted)
8. If the application form is not duly completed, it will not be accepted.
9. Pass-Port Size Photo of the member & Photo of nominees is to be provided.

**II : A member needs to submit Certified Copy of**

- A. Age proof (Any one of following)  
(1) Aadhaar Card (2) School Leaving Certificate (3) Driving Licence (4) Pan Card (5) Pass Port
- B. Life Membership Certificate (G.S.B. or I.M.A. HQ)
- C. For Associate member :

Additionally, Aadhaar Card / Marriage Certificate / valid Pass-Port / Election Card is mandatory.

**\* \* \* \* \***

**For office use**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Secretary AMA / FBS

\_\_\_\_\_  
SIGNATURE  
Secretary / President of A.M.A.