



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.

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Tele (079) 2658 87 75

FOR OFFICE USE

MEMBERSHIP CATEGORY

MEMBER / ASSOCIATE MEMBER

F.B.S. No.

R. No.

ENROLLMENT DATE

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 _____ Details of Online Payment _____

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 :

Members Age	A.F.C	ADM	+	9% CGST	+	9% SGST	Total
Up to 35	3500	850/-	+	76.5	+	76.5	4503/-
36 to 40	3500	1400/-	+	126	+	126	5152/-
41 to 45	3500	2500/-	+	225	+	225	6450/-
46 to 50	3500	3600/-	+	324	+	324	7748/-
51 to 55	3500	4700/-	+	423	+	423	9046/-

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. (Age limit 55 years)

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

II : Member needs to submit Certified Copy of

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

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

AMA FAMILY BENEFIT SCHEME BANK DETAILS

ACCOUNT NAME : **AMA Family Benefit Scheme**
ACCOUNT NO. : **03330100025062** **IFSC CODE** : **ARBONAVRAN**
BANK NAME : **BANK OF BARODA** **BRANCH** : **NAVRANGPURA, A'BAD**
MICR CODE : **380012024**

For office use

DATE

Signature of Secretary AMA / FBS

SIGNATURE

Secretary / President of A.M.A.