

April '17

APPLICATION FORM

FAMILY BENEFIT SOCIETY- INDIAN ACADEMY OF PEDIATRICS

(Please fill all information in Capital letters)

NAME FIRST NAME

MIDDLE NAME

SUR NAME

AGE SEX M/ F DATE OF BIRTH DD MM YYYY

ADDRESS

STATE PIN CODE

STD Code

TELEPHONE NO MOBILE NO

QUALIFICATION _____ E-Mail ID

LOCAL IAP BRANCH IN WHICH THE MEMBER RESIDES _____ CIAP MEMBERSHIP NO

NOMINEE WITH ADDRESS:

RELATIONSHIP OF THE NOMINEE

1.

2.

MODE OF PAYMENT

NEFT / CHEQUE / DD. NO DATE AMOUNT

BANK BRANCH

DECLARATION

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE. I AM AWARE OF THE RULES AND REGULATION OF FAMILY BENEFIT SCHEME OF IAP AND I WILL ABIDE BY IT AND ITS AMENDMENTS.

x

Date:

SIGNATURE OF THE DOCTOR

YOUR CHEQUE/DD MUST BE DRAWN IN FAVOUR OF "FAMILY BENEFIT SOCIETY" PAYABLE AT HYDERABAD

NOMINATION

Minimum one Nominee mandatory - Percentage of Benefit to be mentioned if more than one nominee

MEMBER Photo	Thumb Impression	NOMINEE I Photo	Thumb Impression	NOMINEE II Photo	Thumb Impression

NAME & RELATIONSHIP	SPECIMEN SIGNATURE	PERCENTAGE OF BENEFIT (%)		
Member : _____	x _____	<table border="1" style="width: 100%; height: 30px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>		
Nominee I : _____	_____	<table border="1" style="width: 100%; height: 30px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>		
Nominee II : _____	_____	<table border="1" style="width: 100%; height: 30px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>		
Nominee III : _____	_____	<table border="1" style="width: 100%; height: 30px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>		

VOLUNTARY HEALTH DECLARATION

I, Dr Member of Branch of IAP, Central IAP Membership No., applying for the membership of FBS of Central IAP do hereby solemnly affirm and declare to the best of my knowledge I am / am not suffering from any terminal illness.

Witness: 1. _____ 2. _____ (Any Adult Indian Citizen)	x Signature of applicant Name & address _____ _____
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	NAME	FBS MEMBERSHIP NO.	MOBILE NUMBER
MOTIVATOR			

Application Form Attestation

DATE:

SIGNATURE & SEAL:

(Any One of the Following 1. President or Secretary of Local IAP Branch or 2. Two IAP Members with Membership Numbers or 3. Bank Manager)

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OFFICE USE

RECEIPT NO.

AMOUNT RECEIVED

ABOVE DETAILS VERIFIED AND APPLICATION "ACCEPTED / NOT ACCEPTED"

DD MM Y Y Y Y

DD MM Y Y Y Y

WINDOW PERIOD FROM

TO

FBS MEMBERSHIP NO. _____

SIGNATURE OF THE SECRETARY FBS IAP

IAP LIFE AND ASSOCIATE MEMBERS ARE ELIGIBLE TO JOIN THIS SCHEME

PROCEDURE OF ENROLLMENT IN FBS IAP

A ratified Life Member or Associate Life Member of IAP qualified under the eligibility criteria shall apply on the prescribed application form along with the following 5 (Five) documents as annexure. Application and other details of FBS IAP are available with the Hon. Secretary FBS-IAP's office and on the website www.iapindia.org and www.fbsiap.org. The tariff now is as follows. Please print your address, names or write in clear capital letters to avoid spelling mistakes in communications.

AGE IN YEARS	ONE TIME JOINING FEE Rs.	TOTAL Rs. (2500+500)
25 to 30	5,500	8,500
Above 30 to 35	8,000	11,000
Above 35 to 40	12,000	15,000
Above 40 to 45	15,000	18,000
Above 45 to 50	18,000	21,000
Above 50 to 55	21,000	24,000
Above 55 to 60	40,000	43,000

Age Calculation: The age limit is calculated as not completed to be in that particular group.

For Ex: If a member completes full age of 50 years on a particular date and entered into the next year of age, he/she will be treated as coming into the next age group & he/she has to pay the next slab rate of Joining fee.

1. **Fees:** No application for membership will be accepted unless it is complete in all respects, accompanied by Cheque / DD for the correct Joining fee as per the age of a member (For example if the members age is 27 years Total amount payable with application will be Rs.5500/- + Rs.3000/- consisting of Caution deposit of Rs.2500/- and Annual Administration Fee Rs.500/- = Rs.8, 500/-) in favor of "Family Benefit Society" on any Bank in Hyderabad.

Electronic direct transfer payment to "Family Benefit Society" A/c. No. 62184506297 SBH, Gunfoundry, Hyderabad can be made mentioning IFSC CODE: SBHY0020066. An applicant becomes a regular member after verification of the complete application, credit of amount in the scheme's bank account and approval by Office of Hon. Secretary FBS-IAP.

2. **Proof of age** (any one of the following self attested copy showing date of birth)

Driving License (or) SSC Certificate/Transfer certificate (or) Passport (or) Pan card (or)
Service Register of Govt. Employee

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3. **Proof of IAP life membership**: any one of the following self attested copy with Membership Number. (A provisionally admitted member of IAP becomes a regular member of FBS IAP after ratification of Life membership in IAP.)

- i. IAP Life membership certificate with Membership number
- ii. Cover of Indian Pediatrics showing the Life membership Number
- iii. If none of the above are available, verification from the CIAP

4. **A Voluntary Health Declaration** is compulsory, to be submitted with the Application.

5. Name/s of the Nominee/s with their age, address (postal, e-mail), Tele No. and PAN No. (if available) on a separate paper.

Please follow all the following instructions carefully.

a) The Completed application along with all the above documents should be sent by post only to the following office address:

Dr. M Surendranath,
Hon. Secretary - Family Benefit Society
6-3-598/1, 1st Floor, Navata Castle, Venkatramana Colony,
Khairatabad, Hyderabad, Telangana – 500004.
Phone: +918978311651, +914023332666 E-mail: fbs.iap@gmail.com

b) Submission of incomplete application form or any false information therein or in subsequent communications to the Society will make a member liable for termination and not eligible for any benefit from the Society.

c) For regular dues and Updates on FBS IAP, Log on to www.fbsiap.org or mail to fbs.iap@gmail.com

d) If you do not receive any reply or receipt within 15 days after sending your application, please write a letter or give an e-mail or call or sms to enquire. For Any pending or long standing issues, email to Hon. Secretary or treasurer at hysecfbs@gmail.com or hontrfbs@gmail.com or call to 09849032421 or 09848332857 respectively. You will get reply with in 24 hrs for your e-mail queries.

e) Please enquire for any dues to FBS IAP every September & pay in time so that you are an active member to enjoy all benefits, avoiding default and termination of membership in FBS IAP.

CHECK LIST

1. Application Form filled in fully
 - a. Signatures of Applicant in places where marked x.
 - b. Nomination: Photos, thumb impressions and signatures of Applicant & Nominees and percentage of Benefit to the Nominees.
 - c. Attestation by Local IAP Branch Secretary or President or 2 IAP Members with membership No. or Bank Manager.
2. DD/Cheque for correct amount in favor of "FAMILY BENEFIT SOCIETY"
3. Proof of Age
4. Proof of IAP Membership
5. Voluntary Health Declaration
6. Nominees Details on separate page:
 - a. Name & Age
 - b. Postal and E-mail address
 - c. Telephone: Landline/Mobile
 - d. Pan Number if available.

NOMINEES DETAILS

Nominee I:

Name & Relationship :
Address :

Age :
E-mail address :
Telephone: Landline/Mobile :
Pan Number if available :

Nominee II:

Name & Relationship :
Address :

Age :
E-mail address :
Telephone: Landline/Mobile :
Pan Number if available :

Nominee III:

Name & Relationship :
Address :

Age :
E-mail address :
Telephone: Landline/Mobile :
Pan Number if available :