



# Dr. N. APPA RAO, IMA AP STATE

## FAMILY SECURITY SCHEME

IMA Building, Sultan Bazar, Hyderabad- 500027.

Phone : 040-24656378/24738197

AFFIX YOUR  
RECENT STAMP  
SIZE PHOTOGRAPH  
ATTESTED BY  
LOCAL BRANCH  
SECRETARY

(FOR OFFICE USE ONLY)

FSS No.: .....

R.No. ....

Date. ....

### FROM OF APPLICATION

(TO BE FILLED IN BLOCK LETTERS)

Name in Full : .....

Name of Father / Husband : .....

Date of Birth :         Age :  Sex

Correspondence Address : .....

.....

..... Pin .....

Mobile Phone ..... Phone : (STD)..... No.....

Permanent Address : .....

.....

..... Pin .....

Mobile Phone ..... Phone: (STD) ..... No.....

IMA LM. No. of Applicant .....

Name of Local Branch of IMA : .....

I.M.A. member since .....year

I, the undersigned hereby apply for the Membership of "I.M.A, - A.P. STATE APPA Family Security Scheme".

I enclose here with D.D. No. .... for Rs. ....

( Rupees..... )dated ..... drawn

On ..... (Bank) being the contribution to the corpus fund of the scheme as per my age and all the other necessary documents. I do hereby declare that the above information is true and I have not withheld any information whatsoever regarding my particulars and my membership can be terminated if any information is found to be incorrect. I agree to pay the Fraternity Contribution as per the Rules of This Scheme.

I further agree to abide by all the rules & byelaws of IMA AP STATE APPA FSS and also any amendments to be made from time to time in the constitution / Byelaws by the E.C. in Future. I accept any decision of the E.C. of FSS in this regard.

Date: .....

**CERTIFICATE**

This is to certify that Dr..... is a Life Member of .....branch of IMA..... (year) Forwarded to the Secretary, IMA, AP STATE APPA FSS.

.....  
Secretary / President  
(Rubber stamp of Local Branch Compulsory)

**NOMINATION FORM**

Name of the Nominee (and Guardian if the Nominee is Minor)	Date of Birth of the Nominee	Relationship to the Member	Specimen Signature of the Nominee / Guardian	Thumb Impression of the Nominee	Stamp Size Photograph of the Nominee

1. If the nominee is a minor – please affix the Photograph and Thumb Impression of the minor with the Signature of the Guardian.
2. The nominees should be Spouse / Children / Parents.

.....  
.....  
1. Demand draft drawn in favour of " I.M.A – A.P. State APPA F.S.S" Payable at Hyderabad

2. 2 extra Stamp Size photos of the applicant & each nominee with their names written on the back.

3. Proof of Life Membership of I.M.A.

4. Proof of Age

Thumb Impression of the Member

**signature of member**

Date:

Place: