



Dr. N. APPA RAO, IMA AP STATE FAMILY SECURITY SCHEME

IMA Building, Sultan Bazar, Hyderabad - 500 027.
Phone : 040-24656378 / 24738197

AFIX
YOUR RECENT
STAMP SIZE
PHOTOGRAPH
ATTENDED
BY LOCAL
BRANCH
SECRETARY

(FOR OFFICE USE ONLY)

FSS No. :
R.No. :
Date :

FORM OF APPLICATION (TO BE FILLED IN BLOCK LETTERS)

Name in full :
Name of Father / Husband :
Date of Birth : Age : Sex M F
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

..... is a Life Member of branch of I.M.A.
..... (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

- FSS
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 nominee should be Spouse / Children / Parents.

SIGNATURE - 1. Demand det. (Stamp in favour of I.M.A. - A.P. State APPA FSS) (Circle at Hyderabad)
.....
(Name to Submit Request for Membership)
2. 2 extra Stamp Size photos of the applicant & each nominee with their names written on the back
3. Proof of the Membership of IMA
4. Proof of Age

Thumb Impression of the Member
Signature of the Member
Date :
Place :