



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

Email : _____

Telephone Nos. with STD Code

Resl. : _____

Clinic : _____

Mobile No. : _____

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 : _____	PHOTO
Full Name of the Nominee : 2. _____ Signature _____ Age : _____	
Address of Nominee : 1. _____ _____ _____	PHOTO
Address of Nominee : 2. _____ _____ _____	

Introduced by Dr. _____

AMA L.M. No. : _____

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

FEE SCHEDULE :

+18% GST

Member's AGE	A.F.C.	ADM	Total
Up to 35	3000	3850	6850
36 to 40	3000	4400	7400
41 to 45	3000	5500	8500
46 to 50	3000	6600	9600
51 to 55	3000	7700	10700

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.

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For office use_____
DATE_____
Signature of Secretary AMA / FBS_____
SIGNATURE
Secretary / President of A.M.A.