



# I.M.A. National Social Security Scheme

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**National President, I.M.A.**

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**Hon. Secretary**

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**Hon. Jt. Secretary**

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**Hon. Secretary General, I.M.A.**

Dr. S. N. Misra

**Hon. Fina. Secretary**

Dr. Bipin M. Patel

**Hon. Asst. Fina. Secretary**

Dr. Mahendra B. Desai

Our Ref. No. : IMA/NSSS/

Date :

## CLAIM FORM FOR FRATERNITY CONTRIBUTION

Name of Deceased Member Dr. \_\_\_\_\_

N.S.S.S. Reg. No. : \_\_\_\_\_ I.M.A. H.Q. NO. : \_\_\_\_\_

Name of Local Branch of IMA to which attached \_\_\_\_\_

Date of Death : \_\_\_\_\_ Cause of Death : \_\_\_\_\_

Name of Nominee : \_\_\_\_\_

Relationship to Deceased Member : \_\_\_\_\_

Name & Address of Claimant with phone No. :

\_\_\_\_\_ Phone No. : \_\_\_\_\_

\_\_\_\_\_ Mobile No.: \_\_\_\_\_

Date : \_\_\_\_\_ Signature of Claimant : \_\_\_\_\_

## DETAILS OF BANK ACCOUNT OF NOMINEE

Name of Nominee (as in bank account) \_\_\_\_\_

Name of Bank and Branch Name : \_\_\_\_\_

Bank Account No. : \_\_\_\_\_

Address of the Branch : \_\_\_\_\_

Signature of the Nominee : \_\_\_\_\_

I herewith attest the signature of the person above and details of the account are correct.

Date : \_\_\_\_\_

\_\_\_\_\_  
**Bank Branch Manager**