



I.M.A. National Social Security Scheme

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National President, I.M.A.

Dr. Jitendra B. Patel

Hon. Secretary

Dr. Yogendra S. Modi

Hon. Jt. Secretary

Dr. Jitendra B. Patel

Our Ref. No. : IMA/NSSS/

Chairman

Dr. Kirti M. Patel

Hon. Secretary General, I.M.A.

Dr. Narendra Saini

Hon. Fina. Secretary

Dr. Bipin M. Patel

Hon. Asst. Fina. Secretary

Dr. Shailendra B. Vora

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