



# I.M.A. NATIONAL SOCIAL SECURITY SCHEME

Member's Copy

2nd Floor, A.M.A. House, Opp. H. K. College, Ashram Road, Ahmedabad-380 009. (Gujarat)  
Phone : (079) 26585430 E-mail : contact@imansss.org \* Website : www.imansss.org

Time : 2.00 pm to 6.30 pm

## NOTICE CUM MONEY RECEIPT

Ref : Payment for Death Fraternity Contribution No. 26

Dt. 28-03-2021  
N.S.S. No.:

LAST DATE OF PAYMENT

**15-5-2021**

Dear Dr,

You are requested to pay the amount indicated in the column "Total Amount Payable" as below.

Thanking you,

  
Dr. Kirti M. Patel  
Chairman

Pay by : 1. Local Cheque / Demand Draft Payable at Ahmedabad at Ahmedabad Office OR  
2. Net Banking / Credit / Debit Card through our website : www.imansss.org • www.imansss.in  
(No Extra Charges for Members)

Yours faithfully,

  
Dr. Yogendra S. Modi  
Hon. Secretary

D.F.C. Amount Rs.	A.F.C. Amount Rs.	Late Fee Rs.	Bank & Other Charges Rs.	Less Received Amount Rs.	Total Amount Payable Rs.

Cheque No. : .....Date : .....

Office Stamp / Signature

Name of Bank : .....Branch : .....

Date :

\* Please draw Cheque/DD in favour of "IMA NSSS" \* \* Cheque is subject to Realisation.



# I.M.A. NATIONAL SOCIAL SECURITY SCHEME

Office Copy

2nd Floor, A.M.A. House, Opp. H. K. College, Ashram Road, Ahmedabad-380 009. (Gujarat)  
Phone : (079) 26585430 E-mail : contact@imansss.org \* Website : www.imansss.org

Time : 2.00 pm to 6.30 pm

Ref : Payment for D.F.C. No. 26

D.F.C. Amount Rs.	A.F.C. Amount Rs.	Late Fee Rs.	Bank & Other Charges Rs.	Less Received Amount Rs.	Total Amount Payable Rs.

Cheque No. : .....Date : .....

Name of Bank : .....Branch : .....

\* Please draw Cheque/DD in favour of "IMA NSSS" \* \* Cheque is subject to Realisation.

Tele. No. with STD Code ..... Mobile..... e-mail address : .....