

# FAMILY WELFARE SCHEME GSB IMA

## (F.W.S. G.S.B. I.M.A.)

Office : 3rd Floor, "A.M.A. House", Opp. H. K. College,  
Ashram Road, Ahmedabad - 380 009.

Phone : 079-26580690 E-mail : fwsgsbima@gmail.com

GST IN No. : 24AAATI0762K1ZR

### FOR OFFICE USE

F.W.S. NO.

Receipt No.

DATE



### APPLICATION FORM

PLEASE USE BLOCK LETTERS



PHOTO

Surname :

First Name :

Father / Husband's Name :

Date Of Birth : \_\_\_\_\_ Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

PAN Card No. :

Aadhar Card No. :

GST No. :

GSB IMA Life Membership No. \_\_\_\_\_ SSS GSB IMA Membership No. \_\_\_\_\_

#### CORRESPONDENCE ADDRESS

#### Telephone Nos. with STD Code

Resi. :

Clinic :

Mobile No. :

Email :

I the undersigned hereby apply for the membership of Family Welfare Scheme of GSB IMA.  
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 Family Welfare Scheme, Gujarat State Branch, IMA from time to time

Full Name of the Nominee : 1. _____		PHOTO
Signature _____	Age : _____	
Full Name of the Nominee : 2. _____		
Signature _____	Age : _____	
Address of Nominee : 1. _____		
PAN Card No. : _____	Aadhar Card No. : _____	
Address of Nominee : 2. _____		
PAN Card No. : _____	Aadhar Card No. : _____	

Introduced by Doctor with GSB L.M. No.

Signature of Applicant P.T.O.

## FEE SCHEDULE :

	<b>Advanced Fraternity Contribution</b>	<b>Admission Fee + 18% GST</b>	<b>Total</b>
UP To 35 Years	Rs. 5000/-	Rs. 2000/- + 360/-	Rs. 7360/-
36 To 40 Years	Rs. 5000/-	Rs. 4000/- + 720/-	Rs. 9720/-
41 To 45 Years	Rs. 5000/-	Rs. 6000/- + 1080/-	Rs. 12080/-
46 To 50 Years	Rs. 5000/-	Rs. 7000/- + 1260/-	Rs. 13260/-
51 To 55 Years	Rs. 5000/-	Rs. 10000/- + 1800/-	Rs. 16800/-
56 To 60 Years	Rs. 5000/-	Rs. 20000/- + 3600/-	Rs. 28600/-

**For Calculation of Age : Age near to next birthday will be counted.**

### **ADMISSION FEES ONCE PAID WILL NOT BE REFUNDED**

1. Payment will be accepted by Local Cheque or Demand Draft to be drawn in favour of **“FWS GSB IMA”**
2. Payment should be done as per the fee Schedule, MO, Cash or Out Station Cheque will not be accepted.
3. Membership will come in force after realization of cheque.
4. In case, where nominee is minor or illiterate, the left thumb impression must be taken.
5. If the form is not duly completed, it will not be accepted.

### **II. Member need to submit certified copy of :**

- (1) Standard Age Proof : (A) Pan Card (B) Aadhar Card
- (2) Life membership certificate of GSB IMA
- (3) Two passport size photographs along with application form.
- (4) Pan Card and Aadhar Card of both Member and Nominee

### **• Approved Amendments From 24/02/2024,**

- Any life member of Gujarat State Branch of I.M.A is eligible to become the member this Family Welfare Scheme GSB IMA (FWS GSB IMA). **There is no prerequisite to be a member of SSS GSB IMA Scheme.**
- Any member aged between **50 to 60 years having three (03) years of continuous life membership of Gujarat State Branch of IMA** is eligible to become the member of this scheme Family Welfare Scheme GSB IMA (FWS GSB IMA).
- Benefit of Fraternity Contribution of the scheme for **Members Upto age of 50 years**, is eligible only after Completion of **one year of membership** of **FWS GSB IMA.**
- Benefit of Fraternity Contribution of the scheme for **Members aged between 50 to 60 years**, is eligible only after Completion of **three year of membership** of **FWS GSB IMA.**
- Member above the age of 60 years is not eligible to become a member.

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### **For Local Branch I.M.A.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BRANCH  
(Rubber Stamp Compulsory)

\_\_\_\_\_  
SIGNATURE  
Secretary / President of  
The Local Branch I.M.A.

### **For Office Use Only**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Secretary  
FWS GSB IMA

\_\_\_\_\_  
Signature of Secretary / President  
SSS GSB IMA