



NIMA - MUTUAL BENEFIT SCHEME

G/2, Mohan Kunj, M.J.Phule Road, Naigaon, Dadar, Mumbai – 400 014.

APPLICATION FORM FOR MEMBERSHIP / SPOUSE MEMBERSHIP

Paste
Passport Size
PhotoGraph

FOR OFFICE USE ONLY			
MBS/LF		File No.	
RCT.NO.		Branch	
Category		State	

[TYPE OR USE CAPITAL LETTERS ONLY]
(Read the instructions on the reverse)

Surname :			
First Name :			
Father's / Husband's Name :			
Date of Birth DD/MM/YY / /		Age <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>
Applicant's Correspondence Address : _____			
			PIN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Phone : STD	Res.	Clinic :	Mobile :
Name of Nominee :		Relationship With Member :	
Nominee's Permanent Address : _____			
			PIN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Phone / Mobile :			
Qualification : [Degree/ Diploma]		Year of Passing :	
Medical College :			
University / Faculty			
Registration Number :		Year of Registration :	
Registering Medical Council/ Board :			
NIMA Membership : Life <input type="checkbox"/> Associate Life : <input type="checkbox"/>		Memberships No. :	Date of Enrolment :

I the undersigned, hereby apply for the membership/spouse membership of National Integrated Medical Association. Mutual Benefit Scheme (NIMA MBS)

I do hereby declare that the Information given above is true and that I have withheld on information regarding this application. I agree to pay the money/contribution and fees As and when demanded as per the rule of the scheme which may be ammended from time to time. I also understand that in the event of my falling to do so may disqualify me from the membership.

I enclose herewith a demand Draft/Cheque/ Cash for Total amount as computed below.

Admission Fees (please refer to the Table ont he reverse)	Rs.
Security Deposit (Non-refundable)	Rs. 1000.00
Annual Subscription	Rs. 100.00
Spouse Membership Charges (If Applicable)	Rs. 1000.00
Bank Charges (as mentioned on the reverse)	Rs.
(Rupees) Total	Rs. _____

I have carefully read the conditions laid down in the constitution of the Mutual Benefit Scheme approved by the National Integrated Medical Association and agree to abide by them.

Signature : _____

Applicant's Signature : _____

Introduced by NIMA MBS Member : _____

Date : _____

PTO

N. B. : 1) Proof of Birth Date. 2) Degree/Diploma 3) The Registration Certificate of the Medical Council/Board
4) NIMA Life Membership Certificate 5) Marriage Certificate OR Affidaut (For Spouse Membership)
will have to be submitted by the applicant before joining the Scheme.

Xerox copies of the above produced along with verified by the Local Secretary / President signature with Rubber stamp of Local Branch.

	Adm. Fee	Sec. Depo.	Annual Contribution	Total
1. Members under the age of 30 yrs.	Rs. 100/-	+ 1000	+ 100	= 1200/-
2. Members aged between 31&35 yrs	Rs. 150/-	+ 1000	+ 100	= 1250/-
3. Members aged between 36 & 40 yrs	Rs. 200/-	+ 1000	+ 100	= 1300/-
4. Members aged between 41 & 45 yrs	Rs. 250/-	+ 1000	+ 100	= 1350/-
5. Members aged between 45 & 50 yrs	Rs. 300/-	+ 1000	+ 100	= 1400/-
6. Members aged between 51 & 55yrs	Rs. 350/-	+ 1000	+ 100	= 1450/-
7. Members aged between 56 & 60 yrs	Rs. 400/-	+ 1000	+ 100	= 1500/-

(Admission fees and Security Deposit once paid will not be refunded)

Special Note :

1. Demand Drafts / Cheque/ Cash payable in Mumbai off. are accepted.
2. In case of out station Cheque : Add Rs. 100/- as Bank Charges Extra.
3. Cheque / DD to be drawn in favour of "NIMA-Mutual Benefit Scheme" Payable at "Mumbai."
4. Bank Of India , Parel Branch, Mumbai A/C No. 008310100008151 IFSC Code : BKID0000083
5. M.O. willnot be accepted in any Circumstance.

CERTIFICATE

This is to CERTIFY that DR. _____

is Life / Associate Life member of National Integrated Medical Association..... Branch
of NIMA State from Date

Date :

Signature _____

Name : _____

Hon. Secretary / President.
(Rubberstamp of Local Branch)

_____ : Office Use : _____