

**APPLICATION FORM
FAMILY BENEFIT SOCIETY
INDIAN ACADEMY OF PEDIATRICS**

(Please fill all information in Capital letters)

NAME : AGE: SEX:

M	F
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 DATE OF BIRTH:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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dd mm yyyy

PIN CODE :
TELEPHONE NO : MOBILE NO:
QUALIFICATION : E-Mail ID:

LOCAL IAP BRANCH IN WHICH THE MEMBER RESIDES:

CIAP LIFE MEMBERSHIP NO.:

NOMINEE WITH ADDRESS: 1. RELATIONSHIP OF THE NOMINEE

2.

MODE OF PAYMENT: CHEQUE/DD. NO. DATE: AMOUNT: `
BANK: BRANCH:

DECLARATION

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE.
I AM AWARE OF THE RULES AND REGULATION OF FAMILY BENEFIT SCHEME OF IAP AND I WILL ABIDE BY IT AND ITS AMENDMENTS.

x

Date:

SIGNATURE OF THE DOCTOR

**YOUR CHEQUE/DD MUST BE DRAWN IN FAVOUR OF "FAMILY BENEFIT SOCIETY" PAYABLE AT HYDERABAD
PLEASE ADD ` . 100/- FOR OUTSTATION CHEQUES**

OFFICE USE

RECEIPT NO.: AMOUNT RECEIVED: `

ABOVE DETAILS VERIFIED AND APPLICATION "ACCEPTED / NOT ACCEPTED"

WINDOW PERIOD FROM _____ TO _____

FBS MEMBERSHIP NO. _____

SIGNATURE OF THE SECRETARY FBS IAP

ONLY LIFE MEMBERS ARE ELIGIBLE TO JOIN THIS SCHEME

NOMINATION

Minimum one Nominee mandatory

MEMBER		NOMINEE I		NOMINEE II	
Photo	Thumb Impression	Photo	Thumb Impression	Photo	Thumb Impression

NAME & RELATIONSHIP	SPECIMEN SIGNATURE	PERCENTAGE OF BENEFIT
Member : _____	x _____	
Nominee I : _____	_____	_____
Nominee II : _____	_____	_____

VOLUNTARY HEALTH DECLARATION

I, Dr Member of Branch of IAP, Central IAP Membership No., applying for the membership of FBS of Central I.A.P. do hereby solemnly affirm and declare to the best of my knowledge I **am / am not** suffering from any terminal illness.

Witness:

1. _____
2. _____

x
Signature of applicant

Name & address

Date:

Application Form Attested:

DATE:

SIGNATURE & SEAL :

PROCEDURE OF ENROLLMENT IN FBS IAP

A ratified Life Member of IAP qualified under the eligibility criteria shall apply on the prescribed application form along with the following **6 (Six) documents** as annexure. Application and other details of FBS IAP are available with the Hon. Secretary FBS-IAP's office and on the website www.iapindia.org, www.fbsiap.com and www.fbsiap.org. The tariff now is as follows. Please print your address, names or write in clear capital letters to avoid spelling mistakes in communications.

AGE IN YEARS	JOINING FEE `	TOTAL 1500+400 `
25 to 30	5000	6900
Above 30 to 35	7500	9400
Above 35 to 40	10000	11900
Above 40 to 45	12500	14400
Above 45 to 55	15000	16900

The same rate of ` 15000/- (Rupees Fifteen thousand only) is applicable to those founder members that get the relaxation of 10 years for joining during the first year only (27th March 2011 to 26th March 2012).

Age Calculation: The age limit is calculated as not completed to be in that particular group.

For Ex: If a member completes full age of 50 years on a particular date and entered into the next year of age, he/she will be treated as coming into the next age group & he/she has to pay the next slab rate of Joining fee.

1. Fees: No application for membership will be accepted unless it is complete in all respects, accompanied by Cheque/DD for the correct Joining fee as per the age of a member (For example if the members age is 27 years Total amount payable with application will be ` 5000/- + ` 1900/- consisting of Caution deposit of ` 1500/- and Administration Fee ` 400/- = ` 6900/-) in favor of "Family Benefit Society" on any Bank in Hyderabad.

Electronic direct transfer payment to "Family Benefit Society" A/c. No. 62184506297 SBH, Gunfoundry, Hyderabad can be made mentioning IFSC CODE: SBHY0020066. An applicant becomes a regular member after verification of the complete application, credit of amount in the scheme's bank account and approval by Office of Hon. Secretary FBS-IAP.

2. Proof of age (any one of the following self attested copy showing date of birth)

- i. Driving License
- ii. SSC Certificate/Transfer certificate.
- iii. Passport
- iv. Pan card
- v. Service Register of Govt. Employee

3. Proof of IAP life membership: any one of the following self attested copy with Membership Number. (A provisionally admitted member of IAP becomes a regular member of FBS IAP after ratification of Life membership in IAP.)

- i. IAP Life membership certificate with Membership number
- ii. IAP Life membership photo identity card
- iii. Cover of Indian Pediatrics showing the Life membership Number
- iv. If none of the above are available, verification from the CIAP

4. A Voluntary Health Declaration is compulsory, to be submitted with the Application.

5. Name/s of the Nominee/s with their age, address (postal, e-mail), Tele No. and PAN No. (if available) on a separate paper.

6. Enclose 2 extra stamp size photos of the applicant and of the nominees.

Please follow all the following instructions carefully.

a). The Completed application along with all the above documents should be sent by post only to the following office address:

Dr. Ajoy Kumar, Hon Secretary
Family Benefit Society
6-3-598/1, 1st Floor, Navata Castle,
Venkatramana Colony, Khairatabad,
Hyderabad – 500004 Andhra Pradesh.
Phone: +918978311651 +919848034599 +914023332666
Email fbs.iap@gmail.com .

b). Submission of incomplete application form or any false information therein or in subsequent communications to the Society will make a member liable for termination and not eligible for any benefit from the Society.

c). For regular dues and Updates on FBS IAP Log on to www.fbsiap.com or www.fbsiap.org or mail to fbs.iap@gmail.com .

d). If you do not receive any reply or receipt within 15 days after sending your application please write a letter or give a e-mail or call to enquire. No cell messages please. You will get reply with in 24 hrs for your e-mail queries.

e). Please enquire for any dues to FBS IAP every March and September & pay in time so that you are an active member to enjoy all benefits, avoiding suspension and termination of membership in FBS IAP.

CHECK LIST

1. Application Form filled in fully
 - a. Three signatures of Applicant where marked x .
 - b. Nomination: Photos, thumb impressions and signatures of Applicant and Nominees.
 - c. Attestation by Local IAP Branch Secretary/President/2 IAP Members with membership No./Bank Manager.
2. DD/Cheque for correct amount in favour of "FAMILY BENEFIT SOCIETY".
3. Proof of Age.
4. Proof of IAP Membership.
5. Voluntary Health Declaration.
6. Nominees Details on separate page:
 - a. Name
 - b. Address
 - c. Age
 - d. Postal and E-mail address
 - e. Telephone: Landline/Mobile
 - f. Pan Number if available.
7. Two Stamp Size photos of Member and each Nominee.