

APRIL 2023

Membership Application Form
FAMILY BENEFIT SOCIETY

(Please fill all information in CAPITAL LETTERS)

NAME	FIRST NAME <input type="text"/>	MIDDLE NAME <input type="text"/>	SUR NAME <input type="text"/>
AGE	<input type="text"/>	SEX <input type="text"/> M/ F	DATE OF BIRTH <input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>
ADDRESS	<input type="text"/> <input type="text"/>		
STATE	<input type="text"/>	PIN CODE	<input type="text"/>
STD Code: <input type="text"/>			
TELEPHONE	<input type="text"/>	WHATSAPP MOB.NO	<input type="text"/>
QUALIFICATION	<input type="text"/>	E-Mail ID	<input type="text"/>
PAN NO.	<input type="text"/>	AADHAR NO.	<input type="text"/>
LOCAL IAP BRANCH IN WHICH THE MEMBER RESIDES		CIAP MEMBERSHIP NO	<input type="text"/>
NOMINEE WITH ADDRESS:		RELATIONSHIP OF THE NOMINEE	
1.	<input type="text"/>		
2.	<input type="text"/>		
3.	<input type="text"/>		
MODE OF PAYMENT			
NEFT / CHEQUE / DD. NO	<input type="text"/>	DATE	<input type="text"/> AMOUNT Rs. <input type="text"/>
BANK	<input type="text"/>	BRANCH	<input type="text"/>

DECLARATION

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE. I AM AWARE OF THE RULES AND REGULATIONS OF FAMILY BENEFIT SOCIETY. I PLEDGE TO ABIDE BY THE "CONSTITUTION OF FBS", IT'S BYELAWS AND ITS SUBSEQUENT AMENDMENTS.

x

Date:

SIGNATURE OF THE DOCTOR

YOUR CHEQUE/DD MUST BE DRAWN IN FAVOUR OF "**FAMILY BENEFIT SOCIETY**", PAYABLE AT HYDERABAD

NOMINATION**Minimum one Nominee mandatory - Percentage of Benefit to be mentioned if more than one nominee**

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

NAME & RELATIONSHIP**SPECIMEN SIGNATURE****PERCENTAGE
OF BENEFIT
(%)**

Member : _____ x _____

Nominee I : _____

Nominee II : _____

Nominee III : _____

In case of Nominee-3, paste his/her passport photograph and put name & thumb impression on an extra blank page.

Sum of the Percentage Sharing amongst all the Nominees has to total to exact 100 %. Refer Constitutional Rules.

VOLUNTARY HEALTH DECLARATION

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

x

Witness:

1. _____

Signature of applicant
Name & address

2. _____

(Any Adult Indian Citizen)

MOTIVATOR

NAME

FBS MEMBERSHIP NO.

MOBILE NUMBER

MOTIVATOR	NAME	FBS MEMBERSHIP NO.	MOBILE NUMBER

Application Form Attestation

DATE:

SIGNATURE & SEAL

(Any ONE of the following 1. President or Secretary of Local IAP Branch or 2. Two IAP Members along with their IAP Membership Numbers or 3. Bank Manager)

OFFICE USE

RECEIPT NO.

AMOUNT RECEIVED

ABOVE DETAILS VERIFIED AND APPLICATION "ACCEPTED / NOT ACCEPTED"

DD MM Y Y Y Y DD MM Y Y Y Y

WINDOW PERIOD FROM

TO

FBS MEMBERSHIP NO._____

MEMBERSHIP ACCEPTANCE DATE : _____

SIGNATURE of HON. SECRETARY, FBS

Only LIFE MEMBERS AND ASSOCIATE LIFE MEMBERS of CENTRAL IAP, ARE ELIGIBLE TO JOIN FAMILY BENEFIT SOCIETY**PROCEDURE OF ENROLLMENT in FAMILY BENEFIT SOCIETY**

A registered Life Member or Associate Life Member of IAP, qualifying under the eligibility criteria, shall apply on the prescribed application form along with the following 5 (Five) documents as annexures. Updated Membership Application Form and other details of FBS are available with the Hon. Secretary at FBS office and on the websites : www.iapindia.org and www.fbsiap.org . The applicable fees tariff is mentioned below. Please write your Full Name, postal address, mobile number and email ID, and write in clear capital letters to avoid simple mistakes, while applying.

AGE IN YEARS	ONE TIME JOINING FEE	TOTAL (Joining fees + 2500+500)
25 yrs completed and upto 30 yrs	9,000	12,000
Above 30 and upto 35 yrs	12,000	15,000
Above 35 and upto 40 yrs	16,000	19,000
Above 40 and upto 45 yrs	21,000	24,000
Above 45 and upto 50 yrs	25,000	28,000
Above 50 and upto 55 yrs	35,000	38,000
Above 55 and upto 60 yrs	57,000	60,000

Age Calculation: The upper age limit is calculated as "not completed " to be in that particular group. For example : If a member completes full age of 50 years on a particular date and enters into the next year of age, he/she will be treated as coming into the next age group & has to pay the next slab rate of Joining fees. Membership is not granted for any individual who has crossed his 60th birthday.

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 Rs. 10,000, after inclusion of Caution deposit of 2500/- and Annual Administration Fee 500/-) in favour of "Family Benefit Society" payable at Hyderabad. AT-PAR Cheque payment, from any reputed Bank by a CTS COMPLIANT CHEQUE is mandatory. Else, a DEMAND DRAFT in favour of " FAMILY BENEFIT SOCIETY", payable at Hyderabad.

Electronic direct transfer payment to "FAMILY BENEFIT SOCIETY": SAVINGS A/C. NO. 1811659272, KOTAK MAHINDRA BANK, SOMAJIGUDA- BRANCH, HYDERABAD - 500082, IFSC CODE: KKBK0000552. An applicant becomes a registered FBS member only after verification of the completed application + mandatory supporting documents + confirmed credit of fees amount in the FBS bank account, and final approval by Office of Hon. Secretary FBS-IAP. *Thereafter he is informed of his FBS MEMBERSHIP NUMBER and the MEMBERSHIP ACCEPTANCE DATE. His financial benefits eligibility begins only after he is allotted these two important elements of FBS Membership status. Refer to the FBS Constitution for all details.*

2. Proof of age (Self attested copy showing DATE OF BIRTH in any one of the following ID PROOFS)

- A. Driving License
- B. SSC Certificate/ School Leaving Certificate
- C. Passport
- D. Pan Card
- E. Service Register of Govt. Employee
- F. AADHAAR Card

3. Proof of IAP life membership: Any one of the following, self attested photocopy with Membership Number. (A provisionally admitted member of IAP becomes a regular member of FBS, only after ratification of Life membership in IAP and confirmed proof of IAP Life Membership Number)

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

4. A Voluntary Health Declaration is compulsory, as incorporated in the FBS Application Form.

5. Full Name/s of the Nominee/s with their Age, Address (postal and e-mail ID), Tele No., PAN No. and AADHAR No. (if available) on a separate page, attached in the Application Form

Please follow all the following instructions carefully.

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

FAMILY BENEFIT SOCIETY

Hon. Secretary FBS-IAP, 3-5-821, Flat No.101, 2nd Floor, Doshi Square, Basheerbagh, Hyderguda, Hyderabad, Telangana- 500029.

Office Tel: +914023332666 Mob: +918978311651, E-mail: 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 of his FBS Membership and shall be deemed as " NOT ELIGIBLE FOR ANY BENEFIT" from the Society.

c) For any membership dues and Updates on FBS, Log on to www.fbsiap.org or mail to fbs.iap@gmail.com . Call FBS OFFICE for such information in office hours.

d) If you do not receive any reply or receipt within 15 days after sending your application, please write a letter or give an e-mail or call or SMS to enquire. For any pending or long standing issues, email to Chairman at chairman.fbs@gmail.com or call to 91-9898003607

91-9391298179 or 91-9490027070 respectively. You will get reply within two working days for your e-mail queries.

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

CHECK LIST

1. Application Form , fully furnished with the under-mentioned details :
 - a. Three Signatures of the Applicant in places where marked x.
 - b. Nomination: Photos, thumb impressions and signatures of Applicant & all the Nominees, along with clear allocation of percentage sharing of DFC Benefit (also termed DBF) amongst the Nominees, so as to make a total of 100 % from the total of individual shares allotted to all the designated Nominees (minimum ONE and maximum THREE)
 - c. Attestation by Local IAP Branch Secretary or President or 2 IAP Members with membership No. or your Bank Manager.
2. Demand Draft or AT-PAR, CTS compliant Cheque issued by any Reputed Bank for the correct amount - drawn in favour of "FAMILY BENEFIT SOCIETY", payable at Hyderabad.
3. Proof of Age (self-attested photocopy)
4. Proof of IAP Membership (self-attested photocopy)
5. Voluntary Health Declaration (signed by the applicant on page 2 of the Application form)
6. Nominees Details on separate page:
 - a. Name & Age
 - b. Postal and E-mail address
 - c. Telephone: Landline/Mobile
 - d. Pan Number if available.
 - e. Aadhaar Number, if allotted.

GUIDANCE FOR CORRECT FILLING of DETAILS in FBS MEMBERSHIP FORM

1. Kindly read the FBS Constitution thoroughly, before applying for FBS Membership.
2. Fill in all your details in CAPITAL LETTERS, so that they are perfectly legible.
3. Your correct DATE OF BIRTH, MOBILE NUMBER & Email ID are absolutely needed.
4. You can have either ONE, TWO or a maximum of THREE NOMINEES as your DBF beneficiaries. It is advisable to have at least TWO NOMINEES, one of which should be of young age.
5. 100% of the DBF BENEFIT should be distributed amongst your Nominees, in a ratio of your choice. This shall be considered by Family Benefit Society - as your FINAL WISH towards your registered Nominees.
6. In case of one of the Nominees is already deceased at the time of your DEATH CLAIM PAPERS SUBMISSION, the deceased Nominees shall LOSE HIS/ HER SHARE OF FINANCIAL BENEFITS. The legal heirs of the deceased Nominee would not hold any rights towards DBF benefits.
7. Only the SURVIVING NOMINEES shall be receiving the TOTAL DBF in a ratio, as reflected in your Original / Revised FBS Application (on a comparative basis). Chairman, FBS and Hon. Secretary, FBS will be the final authority in this regard.
8. Every applicant has to place his THREE SIGNATURES at the designated locations.
9. It is mandatory to put up all three items: PHOTO, THUMB IMPRESSION & SIGNATURES, as far as all the Nominees are concerned. Same criteria for the applying CIAP Life Member too.
10. In case of Minor Nominees (below age 18), signature done by the Parent & Natural Guardian (other than the applying member) is permitted and accepted.
11. NOMINEE CHANGES (names and percentage allocation) is permitted at a later date on payment of APPLICABLE CHARGES and submission of a revised application form by the FBS member, without any alterations in his personal signature and registered NAME & DATE OF BIRTH.

NOMINEES DETAILS

Nominee I:

Name & Relationship :

Postal Address :

Age & Date of Birth :

E-mail address :

Telephone: Landline/Mobile :

PAN Number, if available :

Aadhaar Number, if allotted :

Nominee II:

Name & Relationship :

Postal Address :

Age & Date of Birth :

E-mail address :

Telephone: Landline/Mobile :

PAN Number, if available :

Aadhaar Number, if allotted :

Nominee III:

Name & Relationship :

Postal Address :

Age & Date of Birth :

E-mail address :

Telephone: Landline/Mobile :

Pan Number if available :

Aadhaar Number, if allotted :