

**ANNEXURE 1**  
**APPLICATION FORM**  
**FAMILY BENEFIT SCHEME**  
**INDIAN ACADEMY OF PEDIATRICS**

(Please fill all information in Capital letters)

NAME :

ADDRESS :

AGE:

SEX:

M F

DATE OF BIRTH:

dd mm yyyy

TELEPHONE NO :

QUALIFICATION :

MOBILE NO:

E-Mail ID:

IAP BRANCH IN WHICH THE REPRESENTING DOCTOR IS A LIFE MEMBER:

LIFE MEMBERSHIP NO.:

NOMINEE WITH ADDRESS:

- 1.
- 2.
- 3.

RELATIONSHIP OF THE NOMINEE

MODE OF PAYMENT: CHEQUE/DD. NO.

AMOUNT:

BANK:

DATE:

**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.

SIGNATURE OF THE DOCTOR

YOUR CHEQUE/DD MUST BE DRAWN IN FAVOUR OF "HONY. SECRETARY FBS IAP" PAYABLE AT HYDERABAD  
 PLEASE ADD RS.100/- FOR OUTSTATION CHEQUES

**OFFICE USE**

RECEIPT NO.:

AMOUNT RECEIVED:

ABOVE DETAILS VERIFIED AND APPLICATION "ACCEPTED / NOT ACCEPTED"

WINDOW PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

SIGNATURE OF THE SECRETARY FBS IAP

ONLY LIFE MEMBERS ARE ELIGIBLE TO JOIN THIS SCHEME

**NOMINATION**

Minimum one Nominee mandatory.

Please Paste a Passport size photo

MEMBER

NOMINEE I

NOMINEE II

NOMINEE III

PHOTO	Thumb Impression	PHOTO	Thumb Impression	PHOTO	Thumb Impression	PHOTO	Thumb Impression

NAME & RELATIONSHIP

SPECIMEN SIGNATURE

PERCENTAGE OF BENEFIT

Member : \_\_\_\_\_

Nominee I : \_\_\_\_\_

Nominee II : \_\_\_\_\_

Nominee III : \_\_\_\_\_

## **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.fbsiap.in](http://www.fbsiap.in). The tariff now is as follows. Please print your address, names or write in clear capital letters to avoid spelling mistakes in communications.

<b>Age in years</b>	<b>Joining Fee Now Rs.</b>
25 to 30 Years	5000
<b>Above 30 to 35 Years</b>	7500
Above 35 to 40 Years	10000
Above 40 to 45 Years	12500
Above 45 to 55 Years	15000

**The same rate of Rs.15000/- (Rupees Fifteen thousand only) is applicable to those founder members that get the relaxation of 10 years for joining during the first year.**

**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. No application for membership will be accepted unless it is complete in all respects, accompanied by Demand Draft for Rs. 1900/- (Rupees one thousand nine hundred only) consisting of (Caution deposit of Rs. 1500/- and Administration Fee Rs. 400/-) and 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. 5000/- + Rs. 1900/- = Rs. 6900/-) in favor of "Hon Secretary FBS IAP A/c. No. \_\_\_\_\_ SBH Hyderabad "or on any Bank in Hyderabad. Online payment directly to FBS-IAP account can be made in future, once activated. 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
- ii. 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. 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). A Completed application along with all the above documents should be sent by post only to the following office address:

Hon Secretary FBS IAP, 6-3-598/1, 1st Floor, Navata Castle, Venkatramana Colony, Khairatabad, Hyderabad – 500 004. A.P.”. Phone..... Fax..... Email [fbs.iap@gmail.com](mailto:fbs.iap@gmail.com) or [fbsiap@yahoo.in](mailto:fbsiap@yahoo.in)

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 <http://fbsiap.org> or [www.fbsiap.in](http://www.fbsiap.in) or mail to [fbs.iap@gmail.com](mailto:fbs.iap@gmail.com) or [fbsiap@yahoo.in](mailto:fbsiap@yahoo.in)

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.

**ANNEXURE 2**  
**VOLUNTARY HEALTH DECLARATION**

I, Dr .....Member of .....Branch of IAP, 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: \_\_\_\_\_ Signature of applicant \_\_\_\_\_ Name & address \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_

**Application Form Attested:**

Hon, Secretary \_\_\_\_\_ SEAL  
IAP .....Branch

**ANNEXURE 3**  
**CLAM FORM**

**NAME OF THE DECEASED MEMBER:**  
**IAP MEMBERSHIP NO:**  
**FAMILY BENEFIT SCHEME NO:**  
**CAUSE OF DEATH:**  
**DATE AND TIME OF DEATH:**  
**NAME OF NOMINEE/S:** \_\_\_\_\_ **RELATIONSHIP TO THE DECEASED MEMBER**  
1)  
2)  
3)  
4)

**ADDRESS OF NOMINEE/S:**

**SIGNATURE OF NOMINEE (S)**

<b>1) :</b>	<b>2) :</b>
<b>Date :</b>	<b>Date :</b>
<b>3) :</b>	<b>4) :</b>
<b>Date :</b>	<b>Date :</b>

**COVERING LETTER FOR CLAIM FORM****To,**

Dear Madam / Sir,

We are sorry to learn about the demise of one of our active members of the fraternity and FBS Dr....., on behalf of the Managing Committee I express heartfelt condolences to the bereaved family. I am herewith enclosing the claim form in duplicate. Kindly fill the forms and send them along with the following documents for us to take further action in this regard. If you have any doubts in sending or completing the documents kindly contact me by phone or by e-mail.

1. 2 copies of claim forms.
2. Death certificate in original
3. Photos and sample signature of the nominees
4. Stamped and signed advanced receipt for the amount to be paid to the nominees
5. Original FBS IAP certificate
6. IAP life membership Certificate
7. Doctor's certificate mentioning the cause of Death.
8. A 10 Line Bio-data of the Expired Member of FBS IAP (optional)

Yours sincerely  
Hon. Secretary,  
FBS IAP

**CLAIM PROCEDURE**

On the death of a member the nominees/Branch Secretary will inform the same to the Hon. Secretary of FBS-IAP and ask for a claim form within 6 months of the date of death. On the receipt of the claim form all the details are to be given by the nominees within one year of the date of death of a member. The Managing Committee will process and finalize the Claim of the nominees as per the constitution of FBS IAP after verification of the details given by the nominees. Then a notice will be issued to all the other members to pay the Fraternity Contribution amount at the rate of Rs.300.00 per member within 4 weeks of notice once in 6 months in the months of March and September every year. *If a member dies within one year of admission the total joining fee will be returned. The member should be active without any dues to the society at the time of death to claim. A member with dues of more than 6 months is considered a suspended member and his nominees will not be eligible to claim any benefit from the society.*

The claim form contains the following documents to be sent to the Hon. Secretary FBS-IAP:

1. FBS IAP Certificate in original
2. Death Certificate in original.
3. Photo and sample signature of the Nominees.
4. Stamped and signed advanced receipt for the amount to be paid to the nominees.

5. Doctor's certificate mentioning the cause of Death.
6. A 10 Line Bio-data of the Expired Member of FBS IAP (optional)

For any doubts or clarifications about the Process of claim please contact the Hon. Secretary FBS-IAP, Hyderabad.

Note:

1. The benefit to nominees will start only if the member expires one year after date of admission in to the Scheme unless it is an accidental death.
2. Benefit will be accorded as per the rules and byelaws of the Society.
3. Nominees are eligible to apply for benefit only if a member is active and if the Member has paid his FC amounts up to date keeping his membership in good standing without any dues to the society at the time of death. In case of Submission of any false information in the application form at the time of joining the Society or in any subsequent communication sent to the Society the nominees are not eligible to apply for Benefit. For regular dues and other information, log on to FBS IAP website. [www.fbsiap.org](http://www.fbsiap.org) and [www.fbsiap.com](http://www.fbsiap.com) or e mail to [fbs.iap@gmail.com](mailto:fbs.iap@gmail.com) or [fbs-iap@yahoo.in](mailto:fbs-iap@yahoo.in) . Regular payment of dues is the responsibility of the member and he/she should enquire every March and September for dues by letter or e mail or by phone to the Hon. Secretary even if he does not receive the dues letters. Dues are accepted in mode of DD only.

FBS-IAP's Office

Hon. Secretary FBS IAP, 6-3-598/1, 1<sup>st</sup> Floor, Navata Castle,  
Venkatramana Colony, Khairatabad, Hyderabad – 500 004. A.P.”. Phone  
Fax:                                      Email [fbs.iap@gmail.com](mailto:fbs.iap@gmail.com) or [fbsiap@yahoo.in](mailto:fbsiap@yahoo.in)