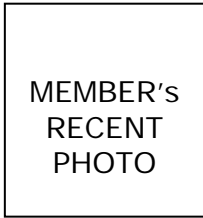




**SOCIETY OF FAMILY BENEFIT SCHEME OF
THE MEMBERS OF ALL INDIA
OPHTHALMOLOGICAL SOCIETY**



(For Office Use Only) FBS AIOS No.	AIOS Life Membership No. of Applicant
Date of Admission:	Residing City / Town
Age on Admission:	Native State

APPLICATION FORM

(To be filled in Block letters)

Name in Full: Sex:

M	F
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Name of Father / Husband

Date of Birth:

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1	9		
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 Age in Years:

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Correspondence Address:

..... Pin:

Phone No: (STD Code) (R) (O) (Cell).....

Permanent Address:

..... Pin:

Email: Fax:

STD Code: Phone No:

I, the undersigned, hereby apply for the membership of Society of Family Benefit Scheme of AIOS. I enclose DD No., Dated, for Rs. (Rupees) drawn on Bank Branch Being the contribution to the Corpus fund of the Scheme as per my age along with all other documents. I solemnly declare that I did not suffer in the recent past 2 years from any acute disease or from heart attack or any malignancy. I do hereby declare that the above information is true to the best of my knowledge and belief and that I have not withheld any information whatsoever regarding my particulars and my membership may be terminated if any information given is found to be incorrect or Submission of any false information in the application form for joining the Society or subsequent communication s . I agree to pay the Fraternity Contribution as per the rules of the scheme. I further agree to abide by the Constitution and byelaws of FBS AIOS and also any amendments made from time to time in the Constitution and Byelaws in future. I accept any decision of the E.C. / M.C. of FBS AIOS in this regards as final.

Date:

Place:

.....
Signature of the Member

NOMINATION FORM

S. No.	Name , address and Signature Of Nominee	Relationship	Photo of Nominee	Thumb Impression	Tel phone number/cell number of nominee
1.					
2.					
3					

If the nominee is a minor:

Name of the person who represents the minor and his or her address:

Age of the minor: 1

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2.

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Specimen signature of the nominees:

1.

2.

Or the minor's Representatives:

1.

2.

I hereby declare that the above information furnished by me is true and correct.

.....
(Signature of the Member)

PROCEDURE OF ENROLLMENT IN TO FBS AIOS.

A ratified Life Member of AIOS qualified under the eligibility criteria shall apply on the prescribed application form along with the following 8 documents as annexures. Application and other details of FBS AIOS are available with the Secretary's office and on the website www.aios.in or www.aios.org and then FBS AIOS. The tariff now is as follows. **Please print your address names or write in clear capital letters to avoid spelling mistakes in your Communications.**

Age in years	Admission fee Now Rs.
Up to 29 years not completing 29	5000.00
29 to 34 years not completing 34	7000.00
34 to 39 years not completing 39	9,000.00
39 to 44 years not completing 44	15,000.00
44 to 49 years not completing 49	20,000.00
49 to 54 Years not completing 54	30,000.00
49-54 Not completing 54	Can join now

1. No application for membership will be accepted unless it is complete in all respects, accompanied by **Demand Draft** for the Correct amount as per the age of a member in favor of "Hon Secretary FBS AIOS A/c.NO 30067225866 SBI Vijayawada ". on any Bank in Vijayawada .A provisionally admitted member becomes a regular member after a formal ratification of his membership by the Executive Committee of FBS AIOS Only.

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

- i. Birth Certificate.
- ii. Matriculation / Board/ SSLC Certificate.
- iii. Passport copy

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

- i AIOS Life membership certificate
- ii. Life membership photo identity card

4. Proof of Residence (any one of the following self attested copy)

- i. Election Identity Card
- ii. Passport
- iii. Driving License

5. PAN CARD NO.

6. Medical Certificate

Medical Certificate by a Physician registered with Medical Council of India/ State Medical Council/Medical Specialist of Corporate Hospital / certifying that to the best of his knowledge, after examination and review of the investigation of the applicant that:

- i. There is no evidence of advanced terminal ailment/ advanced cardiac, renal or hepatic disease/ meta static malignancy.
- ii. The member shall give a self declaration as notarized affidavit to the effect that he/she is free from any major ailments or malignancy and has not undergone any major operation during the last 3 years.

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

8. 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 to the following office address
"Dr. C. Sri Rama Murthy, Hon Secretary FBS AIOS, Vijaya Eye Hospital ,5-87-104, Laxmipuram Main Road, Guntur – 522007. A.P.". Phone and Fax 0863-2239934 -09494413209 Email fbs_aios@yahoo.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 Up dates on FBS AISO Log on to <http://aios.org> or www.aios.in or mail to fbs_aios@yahoo.com
- d). If you do not receive any reply or receipt with in 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 AIOS every **April and September** & pay in time so that you are an active member to enjoy all benefits avoiding suspension and termination of membership in FBS AIOS.
- f). Advanced Deposit. To avoid unintentional suspension and termination of membership due to non payment in time we accept advance deposit of Rs.5000.00 or more .This will help a member on the move to avoid penalty for late payment and sending DD S every 6 months for Fraternity Contribution until this amount is accounted for.



FAMILY BENEFIT SOCIETY of the Members of ALL INDIA OPHTHALMOLOGICAL SOCIETY
How to apply for Family Benefit



On the **death** of a member the nominees will inform the same to the Hony. Secretary and ask for a **claim form with in 6 months of the date of death. On the receipt of the claim form all the details are to be given by the nominees with in one year of the date of death of a member.**The Executive Committee will **process and finalize** the Claim of the nominees as per the constitution of FBS AIOS 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.500.00 , Rs.300.00.or Rs.200 per member (as per the age of the member at the time of admission .) with in 4 weeks of notice once in 6 months **in the months of April and September every Year .If a member dies with in one year of admission the admission fee will be returned with 20% deduction to the nominees. 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 Secretary.

- 1. FBS AIOS 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 AIOS (optional)**

For any doubts or clarifications about the Process of claim please contact the Hony. Secretary .

Note : 1. The benefit to nominees will start only if the member dies one year after admission in to the Scheme unless it is an accidental death. 2. Benefit will be accorded (divided equally between all the nominees) as per the rules and byelaws of the Society. 3. Nominees are eligible to apply for benefit only if a member is active only **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 AIOS website. www.aios.org and www.aios.in or e mail to or fb_s_aios@yahoo.com Regular payment of dues is the responsibility of the member and he/she should enquire every **April 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 .Advance Deposits of Rs.5000.00 or more accepted to avoid 6monthly payments and suspensions or terminations due to non payment of dues. Dues are accepted in mode of DD only.

Hony. Secretary 's Office

Dr.C.SRIRAMAMURTHY, Hony.Secretary FBS AIOS., 5-87-104, VIJAYA EYE HOSPITAL, Laxmipuram main Road, GUNTUR -522007. A.P. fb_s_aios@yahoo.com ,Phone & Fax: 0863- 2239934 -Cell 09394100428.-9642642567 Res. 0863 -2243186.

Managing Committee

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|--|---|--|--|---|
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Vice Chairman
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lalitverma@yahoo.com . | 3. Dr. C. Sriramamurthy
Secretary
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Treasurer
0866-2433018
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| 6. Dr. Quresh Maskati
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Immediate Past Chairman
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