



FAMILY BENEFIT SCHEME
ALL INDIA OPHTHALMOLOGICAL SOCIETY
 5-87-104 .Laxmipuram MainRd.GUNTUR -522007. A.P.
 e mail fbs_aios@yahoo.com & drramc@sancharnet.in
 Phone : cell : 9394100428 0863 2235344 (0) 2243186 (R)



CLAIM FORM

NAME OF THE DECEASED MEMBER :

FAMILY BENEFIT SCHEME NO :

FBS AIOS NO. :

CAUSE OF DEATH. :

DATE AND TIME OF DEATH. :

**NAME OF CLAIMANT S : 1)
2)**

RELATION SHIP TO THE DECEASED MEMBER :

Address of claimant s.

Signature of nominee (s).

**1) :
Date. :**

**2) :
Date :**



FAMILY BENEFIT SCHEME
ALL INDIA OPHTHALMOLOGICAL SOCIETY
 5-87-104 .Laxmipuram MainRd.GUNTUR -522007. A.P.
 e mail fb_s_aios@yahoo.com & dr_ramc@sancharnet.in
 Phone : cell : 9394100428 0863 2235344 (0) 2243186 (R)



TO

Dear Madam / Sir,

We are sorry to hear the demise of one of our active members of the profession and FBS I am here with enclosing the claim forms. Kindly fill the forms and send them along with the following documents 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. Please send Photo copy of the Bank account of the nominees along with the IFSC Code no of the bank branch and mobile no of the nominees.

1. 2 copies of claim forms.
2. 2 copies of Death certificate at least one original
3. Photos of the nominees
4. Specimen signatures of the nominees
5. Original FBS AIOS of certificate
6. AIOS life membership Certificate
7. Doctor Certificate who attended on him at the time of death
8. Photostat copy of the Bank account of the nominee alongwith the IFSC Code no. of Bank

yours sincerely

Dr.C.Sri rama murthy.
 [Hon.Secretary .FBS AIOS]
 GUNTUR .