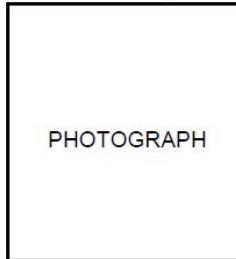




Indian Radiological & Imaging Association

SOCIAL SECURITY SCHEME (SSS-IRIA)



PHOTOGRAPH

IRIA House, C-5, Qutab Institutional Area,
New Delhi - 110016
Tel. 011-26965598, 011-41688846
Fax : 011-26565391
Email : sssiria12@gmail.com
Website : www.iria.org.in

APPLICATION FORM

(To be Filled in Block Letters)

FOR OFFICE USE

Date of Receipt

SSS Membership No.

State :

Full Name : Dr.

(Starting with Surname)

Sex: M/F : Birth Date : Age in Yrs. Months

IRIA Folio No. :

Correspondence Address :

State : PIN CODE :

Telephone No. with STD code) Resi. Clinic

Mobile No. 1) 2) E-mail

Suffering from any Major illness :

NOMINATION :

1. Full name of 1st nominee & relation with applicant :

2. Address of 1st Nominee:

2nd Nominee (Applicable In the Event of death of 1st nominee, Name to be provided at the time of application).

1. Full name of 2nd nominee & relation with applicant :

2. Address of 2nd Nominee :

If nominee is Minor, Name & address of Guardian :

I, the undersigned here by apply for the membership of Social Security Scheme of Indian Radiological & Imaging Association. I enclose here with Demand Draft/ at par Cheque No.....of Rs. dated..... drawn on (bank) towards scheduled fee of my membership.

* I do hereby declare that, I am in sound state of my health and free from any condition likely to cause my death in a short span of couple years. Above information including nomination details are true and given in sound state of my mind. I have withheld no information what so ever regarding the application and I agree to pay the amount as per schedule of fees of the Scheme.

- * I agree to pay the amount demanded from office of the scheme from time to time, as per constitution of the scheme and I further agree to abide by the rules and regulations laid down in the constitution of Social Security Scheme of IRIA & amendments made in it from time to time.
- * Non payment of demanded amount after speculated date will lead to termination of membership as per bye laws of scheme.

Date :

Applicant's Signature

Proposed BY : Dr.

Address:

IRIA Folio No. : Mobile No. :

Signature of Proposer :

N.B. : The Scheme is purely designed on brotherhood/ Sisterhood basis and to help the family of the member of SSS- IRIA on event of death of the member. Benefit of fraternity contribution under the scheme is **applicable only after completion of one year of membership** of the scheme as per constitution except in the event of death by accident.

1. Demand draft or at par cheque payable at New Delhi only will be accepted.
2. Money order or cash payment will not be accepted in any circumstances.
3. Life membership of Indian Radiological & Imaging Association (IRIA) is compulsory to become member of the scheme.
4. Duly filled membership form must accompany following documents : Certified Xerox copy of (1) Birth date certificate. (2) Any photo ID proof of applicant Aadhar Card, Voters ID Card, Driving Licence, Passport, etc. (3) Two pass port size photograph of applicant (4) **One photo ID of each nominee.** (5) **Life membership Certificate of IRIA.**
5. Demand draft or at par cheque to be drawn in favor of **"SOCIAL SECURITY SCHEME of IRIA"**
6. Send duly filled membership application form with documents and payment by Registered AD post / Courier / Speed Post only to **SSS-IRIA New Delhi office. Incomplete form will not be accepted.**

(F) SCHEDULE OF FEES FOR NEW MEMBER:

AGE GROUP (in years)	ADMISION FEE Rs.	GST 18% Rs.	AFC DEPOSIT Rs.	TOTAL PAYMENT Rs.
Up to 30 years	5000	900	3000	8900
Above 30 & up to 40 yrs.	7000	1260	3000	11260
Above 40 & up to 45 yrs.	10000	1800	3000	14800
Above 45 & up to 50 yrs.	13000	2340	3000	18340
Above 50 & up to 55 yrs.	17000	3060	3000	23060
Above 55 & up to 60 yrs.	21000	3780	3000	27780

Note :-

- Admission fee once paid will not be refunded.
- The Rules and Bye Laws of SSS-IRIA are available in website : www.iria.org.in