

FAMILY BENEVOLENT FUND
INDIAN SOCIETY OF ANAESTHESIOLOGISTS

(Regd.629 / 2007 under Societies Registration act. 35 of 2001)

Office : Samaritan Hospital, Pazhanganad, Aluva - 683 562, Ernakulam, Kerala

CLAIM FORM FOR FRATERNITY CONTRIBUTION

(To be filled with Block Letters)

Name of Deceased Member Dr.
Son / Daughter / Wife / Nominee of
Name of Local Branch of ISA to which attached
FBS Registration No Date & Time of Death.....
Cause of Death Relationship to deceased member.....
Name and Address of Claimant with Phone Number :
.....
.....
Signature of Claimant

CERTIFICATE

This is to certify that Dr
who has expired on due to is a member of the ISA
and Family Benevolent Fund through Local Branch. The Claimant's signature
above is made in my presence and is attested by me.

Forwarded to Hon. Secretary Family Benevolent Fund of Indian Society of Anaesthesiologists.

Hon. Secretary

ISA Branch,

(Rubber Stamp of ISA Branch compulsory)

DETAILS OF BANK ACCOUNT OF NOMINEE

Name of Nominee (as in the Bank account).....
Account No Name of Bank and Branch
Address of the Bank :
.....
Signature of the Nominee :

I herewith attest the signature of the person above and the details of the account are correct.

Branch Manager

NOTE : This claim form duly filled up, signed and attested must be sent to the Hon. Secretary, Family Benefit Scheme of ISA along with the following enclosures through the local branch secretary without fail.

1. Copy of Death Certificate from appropriate authority (Municipal / Panchayath etc.) duly notarized.
2. Medical Certificate from the Medical attendant regarding the illness and cause of death.
3. Membership certificate issued by the ISA FBF in Original.
4. Copy of PAN CARD of the nominee