

**FAMILY BENEVOLENT FUND  
INDIAN SOCIETY OF ANAESTHESIOLOGISTS**

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

Anaesthesia House, 1st Floor, GCDA Shopping Complex, Panampilly Nagar, Cochin - 682 036

**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 from 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