



IAOMP FAMILY CONCERN SCHEME

REGISTRATION FORM

DETAILS OF THE MEMBER

1. Name of the IAOMP member :
2. IAOMP life membership number :
3. Aadhar card of life member :
(Attach photocopy of Aadhar card as proof of date of birth)
4. PAN number :
5. Name of the Father / Mother / Spouse :
6. Present Designation :
7. Permanent address :

8. Phone number :
9. Email address :
10. DCI registration number :
11. Private practice (Yes/No) :
12. Address of the clinic :

13. Smart card/ration card details If available

DETAILS OF THE NOMINEE

1. Name of the nominee/s 1.
(If more than one nominee, mention the preference as First, Second & Third) 2.
3.
2. Relationship with the nominee/s :
3. Nominee phone number :
4. Nominee email :

Photograph of the nominee/s

Photograph
of the member

First
Nominee

Second
Nominee

Third
Nominee

ACCOUNT DETAILS OF THE NOMINEE TO WHOM THE AMOUNT IS TO BE REMITTED

1. Name of the account holder :
2. Bank name :
3. Account number :
4. Branch name :
5. IFSC code :

Specimen signature of the member

Specimen signature of the nominee

- 1.
- 2.
- 3.

Note: Please fill in the details clearly, preferably in CAPITAL letters.

IAOMP – FCS PAYMENT DETAILS

- » Mode of payment for registration as IAOMP FCS member : Cheque / DD / NEFT
- » Transaction details
- » Date of payment

I hereby declare that the information given above is true. I am aware of the rules and regulations of the IAOMP family concern scheme and I will abide by it.

In case of any change of nominee or address or phone number or email, I will be responsible for informing the IAOMP office as well as the Chairman of the IAOMP Family Concern Scheme to update.

Signature of the Member

Place :

Date :

IAOMP FCS Account details

- » Account number : 114811010000124
- » Branch name : SYMALANAGAR
- » IFSC code : UBIN0811483