

IMA NATIONAL SOCIAL SECURITY SCHEME

2nd Floor, AMA House, Opp H K College, Ashram Road, Ahmedabad – 380009

Ph : 079 – 26585430 Time : 2 to 6.30 pm

Email : imansss1@gmail.com, contact@imansss.org

CLAIM FORM FOR FRATERNITY CONTRIBUTION

Name of Deceased Member Dr. _____

N.S.S.S. Reg. No. : _____ I.M.A. H.Q. NO. : _____

Name of Local Branch of IMA to which attached _____

Date of Death : _____ Cause of Death : _____

Name of Nominee : _____

Relationship to Deceased Member : _____

Name & Address of Claimant with phone No. :

_____ Phone No. : _____

_____ Mobile No.: _____

Date : _____ Signature of Claimant : _____

DETAILS OF BANK ACCOUNT OF NOMINEE

Name of Nominee (as in bank account) _____

Name of Bank and Branch Name : _____

Bank Account No. : _____

Address of the Branch : _____

Signature of the Nominee : _____

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

Date : _____

Bank Branch Manager

REQUIRED DOCUMENTS TO SETTLE THE CLAIM :

1. Duly filled claim form – filled by nominee
2. Pass port size photograph of member.
3. Death Certificate of late of member.
4. Original IMA NSSS Certificate
5. Letter from IMA Local Branch Secretary / President.

Send us following documents to settle the claim :

1. Duly filled claim form - filled by nominee
(Download from www.imansss.org)
2. Death Certificate of member.
3. Pass port size photograph of member.
4. Letter from IMA Local Branch Secretary / President.
5. Original IMA NSSS Certificate.
6. Aadhar Card & Pan Card of Nominee.
7. Aadhar Card of Member.