

INDIAN MEDICAL ASSOCIATION - MAHARASHTRA STATE SOCIAL SECURITY SCHEME

408, Dr. Nitu Mandke IMA House, 992, Shukrawar Peth, Tilak Road, Pune 411002 Tel. (020) 24464771 / 24430042, Mob: 7350214512, Email: imamssss@rediffmail.com. Time: 2 pm to 6 pm (Monday to Saturday)

NOMINATION FORM

	Date:-																				
Nominee Photo	SSS No													_							
Member's Name: -																					
Name of Nominee: -																					
Surname		First Name									Father/Husband Name										
Nominee's Date of Birth: - Relation: If Minor, Guardian's Name:-																_					
Address of Nominee:-																					
														P	in						
Specimen Signature of: 1) Nominee 2) Guardian in case of minor Nominee:						1)							2)								
Email ID: Mob: Please submit self-attested PAN Card & Aadhar of Nominee (Xerox).																					
On minor attaining the age of 18 years, the guardian's roll will cease, without notice.																					
Signature Verified By																					
President/ Hor	n. Secre	tary																			
IMA	MA Branch.				anch	Seal			Member's Signatur												