



**SOCIETY OF FAMILY BENEFIT SCHEME OF
THE MEMBERS OF ALL INDIA
OPHTHALMOLOGICAL SOCIETY**

MEMBER'S
RECENT
PHOTO

(For Office Use Only) FBS AIOS No.	AIOS Life Membership No. of Applicant
Date of Pro. Admission:	Residing City / Town
Age on Admission:	Native State

APPLICATION FORM
(To be filled in Block letters)

Name in Full: Sex:

M	F
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Name of Father / Husband

Date of Birth:

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 Age in Years:

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Correspondence Address:

..... Pin:

Phone No: (STD Code) (R) (O) (Cell).....

Permanent Address:

..... Pin:

Email: Fax:

STD Code: Phone No:

I, the undersigned, hereby apply for the membership of Society of Family Benefit Scheme of AIOS. I enclose DD No., Dated, for Rs. (Rupees) drawn on Bank Branch Being the contribution to the Corpus fund of the Scheme as per my age along with all other documents. I solemnly declare that I did not suffer from any major illness **in the Past like any acute disease of Heart , Kidney ,Lungs, Liver,Brain , any malignancy or having any of these diseases now and did not undergo any major surgery for the above mentioned ailments previously** . I do hereby declare that the above information is true to the best of my knowledge and belief and that I have not withheld any information whatsoever regarding my particulars and my membership may be terminated if any information given is found to be incorrect or Submission of any false information in the application form for joining the Society or subsequent communication s . I agree to pay the Fraternity Contribution as per the rules of the scheme. I further agree to abide by the Constitution and byelaws of FBS AIOS and also any amendments made from time to time in the Constitution and Byelaws in future. I accept any decision of the E.C. / M.C. of FBS AIOS in this regards as final.

Date:

Place:

.....
Signature of the Member

PROCEDURE OF ENROLLMENT IN TO FBS AIOS.

A ratified Life Member of AIOS qualified under the eligibility criteria shall apply on the prescribed application form along with the following documents as annexure. Application and other details of FBS AIOS are available with the Secretary's office and on the website www.aios.in or www.aios.org and then FBS AIOS. The tariff now is as follows. **Please print your address & names or write in clear capital letters to avoid spelling mistakes in your Communications. The following admission fee is up to the end of March 2013 ONLY. To download Application log on www.fbsaios.org**

Age in years	Admission fee Now Rs.
Up to 29 years not completing 29	5000.00
29 to 34 years not completing 34	7000.00
34 to 39 years not completing 39	9,000.00
39 to 44 years not completing 44	15,000.00
44 to 49 years not completing 49	20,000.00
49 to 54 Years not completing 54	30,000.00
49-54 Not completing 54	Can join now

1. No application for membership will be accepted unless it is complete in all respects, accompanied by **Demand Draft** for the Correct amount as per the age of a member in favor of "Hon Secretary FBS AIOS A/c.NO 30067225866 SBI Vijayawada ". on any Bank in Vijayawada .A provisionally admitted member becomes a regular member after ratification of his membership by the Executive Committee of FBS AIOS Only.

2. Proof of age (any one of the following self attested copy showing date of birth)

- Birth Certificate.
- Matriculation / Board/ SSLC Certificate./ Pan card copy
- Passport copy

3. Proof of AIOS life membership: any one of the following self attested copy. (A provisionally admitted member of AIOS becomes a regular member of FBS AIOS after ratification of Life membership in AIOS.)

- AIOS Life membership certificate
- Life membership photo identity card

4. Proof of Residence (any one of the following self attested copy)

- Election Identity Card
- Passport
- Driving License

5. PAN CARD NO.

6. Medical Certificate

Medical Certificate by a Physician registered with Medical Council of India/ State Medical Council/Medical Specialist of Corporate Hospital / certifying that to the best of his knowledge, after examination and review of the investigation of the applicant that:

- There is no evidence of advanced terminal ailment/ advanced cardiac, renal or hepatic, Brain or Lungs Kidney, disease / meta static malignancy.
- The member shall give a self declaration on a Rs.10. Bond as notarized affidavit to the effect that he/she is free from any major ailments of heart kidney lungs liver kidney, Brain or malignancy and has not undergone any major operation previously.

7. Name of the Nominee/s with their age, address (postal, e-mail), Tele No. and PAN No. On a separate paper.

8. Enclose 2 extra stamp size photos of the applicant and of the nominees.

Please follow all the following instructions carefully.

- A Completed application along with all the above documents should be sent to the following office address
"Dr. C. Sri Rama Murthy, Hon Secretary FBS AIOS, Vijaya Eye Hospital ,5-87-104, Laxmipuram Main Road, Guntur – 522007. A.P.". Phone and Fax 0863-2239934 -09652411144 Email fbs_aios@yahoo.com
- Submission of incomplete application form or any false information therein or in subsequent communications to the Society will make a member liable for termination and not eligible for any benefit from the Society.
- For regular dues and Up dates on FBS AISO Log on to <http://aios.org>, www.aios.in, www.fbsaios.org or email to fbs_aios@yahoo.com
- If you do not receive any reply or receipt with in 15 days after sending your application please write a letter or give a e mail or call to enquire .No cell messages please. You will get reply with in 24 hrs for your e mail queries.
- Please enquires for any dues to FBS AIOS every **April and October** & pay in time so that you are an active member to enjoy all benefits avoiding suspension and termination of membership in FBS AIOS.
- Advanced Deposit. To avoid unintentional suspension and termination of membership due to non payment in time we accept advance deposit of Rs.5000.00 or more .This will help a member on the move to avoid penalty for late payment and sending DD S every 6 months for Fraternity Contribution until this amount is accounted for.