



Pediatricians' Social Security Society

[P.S.S.S., AOP, Guj]

Photograph of member	Dr Ashwin J Sanghavi 47 Sarvoday Soc. Surendranagar-363 001 O : (02752) 223023 R : 232032 Cell-94262 33033 drajsanghavi@gmail.com psss.aopguj@gmail.com	FOR OFFICE USE ONLY
		Appl. Rcvd.: Dt.
		Sign
		PSSS No.
		City
		Birth Date
		Group A B C D
	Cert. Posted	

Surname :
First Name :
Middle Name :
(Name of Father/Husband) :
Date of Birth : ____ D ____ M ____ Y ; Age: ____ Yrs. ; Sex: M / F
Qualification :
Membership Number -AOP-Guj.
Correspondence Address : _____

City _____, Pin _____
Phone No. : STD Code: © ®
Cell: E-mail id:

If suffered/suffering from any **MAJOR** disease? YES/ NO IF YES *Please clarify (Rule-1)

Payment: (Please see back side of form)

Bank	A/C No	Cheque No.
Corporation Bank, Surendranagar	CLSB -01/100002	

Name of your Bank-	Amount Rs
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Cheque should be drawn in favor of "**P.S.S.S. A.O.P. Guj.**"

@ Send at **Par chq or D D**; -same amount **OR**

@ add Rs 75/- in your amount if you send (**NOT at par**) chq **OR**

@ Pay as above. **in your city** branch of Corporation bank

I the undersigned hereby apply of the membership of PSSS, I do hereby declare that the above information is true and I have not withheld any information whatsoever regarding the application. I agree to pay the amount demanded as per the details of the Scheme. I further agreed to abide by the conditions laid down in the CONSTITUTION & RULES AND BYE LAWS of PSSS, I further agree to abide by the amendments, alterations, if any, in the future also.

Date: _____

Place: _____

Applicant's Signature

Stamp

Enclosures:

1. Copy of Birth date Certificate [PAN Card/School Leaving/Passport/driving copy]
2. Copy of A.O.P-Guj. Membership Certificate or Number of AOP-Guj
3. Payment evidence/ chq..
4. If possible, attach Visiting Card/ Letter Pad

NOMINATION FORM:

	Nominee -1	Nominee -2
Name of the Nominees		
Relation with Member		
If Minor- Date of Birth & Guardian's Name & Relationship with Minor		
Specimen Signature of Nominee		
<p style="text-align: center;">Photograph</p> <p>Passport Photo Preferred.</p>		

RULES & REGULATIONS

- [1] If suffering /suffered from any MAJOR disease, in such confirmation of membership is subjected to approval by 4 Drs Panel of PSSS
- [2] **Eligibility** criteria: Age < 60 Yrs, Life member of AO.P-Guj
- [3] **ADFC:**

	Age (years)	D FC [Per Death- to be paid]	Total Duration (years)
Group A	< 35	1000	20
Group B.	35 to 44	1200	18
Group C	45 to 54	1500	16
Group D	55 to 60	2000	12

- [4] Form to be filled up with Birth Certificate, Copy of Life member of AO.P-Guj....., Photo and Cheque.
- [5] Nominee will get Rs. 800/- per member x strength of PSSS.
- Requirements for claim:** (a) death certificate (b) original membership certificate (C) **F I R** etc. if Accidental Death. (d) Any other if needed & demanded by Board.
- [6] Scheme will be managed by Managing Committee [Board of Directors] and Advisory Board for administration, fund management etc.
- [7] Once member is enrolled, he will get membership certificate, copy of rules and regulation. .

	Age (years)	Admission. Fees Rs.	Membership Fees Rs.	A D F C Rs	Total Payment Rs
Group A	< 35	2000	1000	3000	6000
Group B.	35 to 44	2000	1000	4000	7000
Group C	45 to 54	3000	1000	5000	9000
Group D	55 to 60	4000	1000	6000	11000

Pl preserve photocopy of this filled up form as important document