



# ASSOCIATION OF MEDICAL CONSULTANTS (MUMBAI)

4, Ganpati Niwas, Old Police Lane, Opp. Andheri Stn. (East), Mumbai - 400 069.

Tel: 2683 6019 Telefax: 2682 1109 Email: amcmumbai@gmail.com Website: www.amcmumbai.com

## APPLICATION FORM

### CONSULTANTS BENEVOLENT SCHEME

Date of Application \_\_\_\_\_

CBS No.

Name : \_\_\_\_\_  
Surname Name Middle Name

DOB : \_\_\_ / \_\_\_ / \_\_\_  
Date Month Year

Valid proof of DOB: \_\_\_\_\_  
(Please attach Xerox copy)

L.M. No. : \_\_\_\_\_ Affiliate No. \_\_\_\_\_

If Associate Member (Name of the affiliated branch of AMC) \_\_\_\_\_

If Additional Spouse member (Name of the member spouse) \_\_\_\_\_

Address Permanent : \_\_\_\_\_

Address Mailing : \_\_\_\_\_

Telephone : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Residence Residence Office Office

Cell phone No. : \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_ Alternate e-mail id : \_\_\_\_\_ Website \_\_\_\_\_

Name of the Heir / Nominee \_\_\_\_\_ only and /or : \_\_\_\_\_

Age of the Heir / Nominee : 1) \_\_\_\_\_ 2) \_\_\_\_\_

Address of the Heir / Nominee at : \_\_\_\_\_

**(Benefit amount will be paid to first nominee by cheque.)**

FEES	Payable (Rs.)	Paid (Rs.)
a) Annual Fee	400/-	400/-
b) Advance Benevolent Contribution	6000/-	6000/-
c) Associate Spouse member (When applicable)	1000/-	
d) Admission Fee (see table on next page)	_____	_____
TOTAL ...	_____	_____

Paid by Cheque No. : \_\_\_\_\_ Dt. : \_\_\_\_\_ Drawn on : \_\_\_\_\_

\_\_\_\_\_ Branch : \_\_\_\_\_ Amt. Rs. : \_\_\_\_\_

Amount in Words : \_\_\_\_\_

**Table of admission fee payable :**

Below the age of 40 completed Years on date of joining = Rs. 3,900/-	Below the age of 61 completed Years on date of joining = Rs. 32,500/-
Below the age of 45 completed Years on date of joining = Rs. 6,500/-	Below the age of 62 completed Years on date of joining = Rs. 39,000/-
Below the age of 50 completed Years on date of joining = Rs. 13,000/-	Below the age of 63 completed Years on date of joining = Rs. 45,500/-
Below the age of 55 completed Years on date of joining = Rs. 19,500/-	Below the age of 64 completed Years on date of joining = Rs. 52,000/-
Below the age of 60 completed Years on date of joining = Rs. 26,000/-	Below the age of 65 completed Years on date of joining = Rs. 58,500/-

**N.B. : Please attach stamp size photos of applicant and nominees / heir.**

**CHEQUE MAY BE DRAWN IN FAVOUR OF "ASSOCIATION OF MEDICAL CONSULTANTS, MUMBAI. A/C C.B.S."**

Photograph of Applicant	Photograph of Nominee / Heir	Photograph of Nominee / Heir
Signature	Signature	Signature

I have read the rules and regulations and I agree to abide by the same

\_\_\_\_\_  
Signature of the applicant

**For Office Use Only.**

Date of Scrutiny by Convenor - CBS \_\_\_\_\_ Date of validity of membership \_\_\_\_\_ Receipt No. \_\_\_\_\_

Membership no in the scheme : **CBS**

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 Date of receipt : \_\_\_\_\_

Signature of Chairman / Signature of Convenor \_\_\_\_\_

Change of nominee requested by member On : \_\_\_\_\_ Proof of request : \_\_\_\_\_

Change of nominee confirmed on : \_\_\_\_\_

Date of cancellation of membership if any with reasons : \_\_\_\_\_

Date of resignation of membership with reasons : \_\_\_\_\_

Dues if any \_\_\_\_\_

Dr. / Mr. / Mrs. \_\_\_\_\_ is a member of \_\_\_\_\_ Branch and he wishes to join CBS Scheme.

\_\_\_\_\_  
Signature of President / Hon. Secretary of respective Branch

Seal of Branch