

**FAMILY BENEVOLANT FUND  
OF  
INDIAN SOCIETY OF ANAESTHESIOLOGISTS**  
(Regd.629 / 2007 under Societies Registration act. 35 of 2001)

**FORM OF MEMBERSHIP**

(To be filled with Block Letters)

(For Office Use only)

FBF No.
R.No.
Date :

Affix  
Passport size  
Photograph

ISA No.

Proposed by Dr.....

Life member of.....City Branch of ISA

SURNAME :

FIRST NAME :

NAME OF BE PRINTED ON CERTIFICATE AS :

NAME OF FATHER / HUSBAND :

DATE OF BIRTH :

AGE :

NAME OF NEAREST CITY BRANCH OF ISA :

CORRESPONDENCE ADDRESS :

PERMANENT ADDRESS

EMAIL .....

EMAIL .....

MOBILE.....

MOBILE.....

**NOMINATION FORM**

S. No.	Name of the Nominee	Relationship of the Member	Address
1.			
2.			
3.			

If the nominee is a minor, name of the person who represents the minor and his/her address :

Date of birth and age of Minor :  
Specimen Signature of the

Nominee of Minor's representative

- 1.
- 2.
- 3.

I hereby declare that the above information furnished by me is true and correct.

Signature of Applicant

I, the undersigned, hereby apply for the Membership of Family Benevolent Fund of Indian Society of Anesthesiologists.

I enclose here with D.D No.....dated ..... for Rs .....  
(Rupees.....  
.....) drawn on ..... bank being the relevant  
fee and caution deposit.

I do hereby declare that the above information is true withheld no information whatsoever regarding the application and I agree to pay the demanded amount as per the rules of this scheme.

I further agree to abide by all the conditions laid down in the Constitution of the Scheme and the amendments to be made from time to time.

I shall inform the change of address time to time.

Date : .....

Signature of the Applicant

**Dr. J. Ranganathan**  
President

**Dr. Sugu Varghese**  
Hony.Secretary

**Dr. Abraham Cherian**  
Treasurer

***Applications may send to :***

**Dr. Sugu Varghese**  
Secretary, ISA FBF

Samaritan Hospital, Pazhanganad, Aluva - 683 562, Ernakulam, Kerala  
Mobile : 9447052094, Email : sugulissieux@rediffmail.com, secretaryisafbf@isaweb.in

**For Office Use Only**

**ADMISSION FEES**

(1) A non-refundable deposit will be collected from members joining the Fund according to their age.

- |                                   |  |
|-----------------------------------|--|
| a) Less than 30 years - Rs.2000/- | b) 31 to 35 years - Rs.3000/-                          |
| c) 36 to 40 year - Rs.4500/-      | d) 41 to 45 years - Rs.6000/-                          |
| e) 46 to 50 years - Rs.8000/-     | f) 51to 55 Years - Rs.10000/-                          |
| g) 56 to 60 Years - Rs. 15000/-   | h) Single payment of Rs 1,00,000/- at a time till 2015 |

(2) Annual Membership fees Rs. 200/- (it is otherwise called as administrative charges)

**Total - 1 (Admission fee) + 2 (administrative charges)**

- N.B.
1. Demand Draft / At par cheque be drawn in favour of **ISA FBF**, payable at **Ernakulam**  
**Account details for online transfer :** Account Holder's Name : **ISA FBF**; A/c No. **33664993306**;  
Bank : **State Bank of India**; Branch : **Samaritan Hospital, Paazhanganad, Kerala**;  
Branch Code : **10594**; IFS Code : **SBIN0010594**
  2. Receipt of ISA Life Membership subscription issued by ISA or xerox copy of I.D. card must accompany this application form, as proof of life membership.
  3. Enclose two (2) passport size photographs.
  4. Certified xerox copy of Date of birth certificate, PAN card, passport may be produced as proof of age.