

14. STATUS OF IMA MEMBERSHIP: LIFE MEMBER

ANNUAL MEMBER: RENEWED NOT RENEWED

AFFIDAVIT:

I,.....,DO HERBY DECLARE THAT THE DETAILS SUBMITTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MT KNOWLEDGE AND IS THE BONAFIDE RECORD OF THE CHARGES INCURRED DURING MY/MY CHILD'S TREATEMENT.

PLACE: SIGNATURE:

DATE: NAME:

[IN THE ABOVE COLUMN THE CLAIMANT WHETHER MEMBER,SPOUSE,PARENT OR CHILD [ABOVE 18YRS]HAVE TO SIGN.]

FOR OFFICE USE

STATUS OF SCHEME MEMBERSHIP: VALID NOT RENEWED

DATE OF ENROLMENT: LAST RNEWED ON: NEXT RENEWAL:

MEMBERSHIP YEAR:

TOTAL CLAIMS RECEIVED DURING PRESENT MEMBERSHIP YEAR: DETAILS

NO	DATE	AMOUNT	NO	DATE	AMOUNT
1			5		
2			6		
3			7		
4			8		

TOTAL RS _____

BALANCE AMOUNT IN PRESENT MEMBERSHIP YEAR:RS.

STATUS OF IMA MEMBERSHIP (AFTER HQ VERIFICATION):

TOTAL AMOUNT CLAIMED :

DEDUCTIONS :

CALCULATION :

ELIGIBLE AMOUNT AFTER DEDUCTIONS :

UPPER LIMIT OF THE CLAIM :

PAYMENT ALLOTTED RS :

[IN WORDS] RUPEES:

SIGNATURE OF SCHEME SECRETARY/TREASURER