



NIMA MUTUAL BENEFIT SCHEME

Office : G/2, Mohan Kunj, M.J. Phule Road, Naigaon, Dadar, Mumbai- 400 014

Tel. No. 022-2212 3407 Office Hours : 3.00pm to 5 pm (Sunday Close)

Our Ref. No. NIMA /MBS /

Date :

CLAIM FORM FOR FRATERNITY CONTRIBUTION

Name of Deceased Member Dr. _____

M.B.S. Reg. No. _____ Date of Joining Scheme _____

Name of NIMA Local Branch : _____ State : _____ LM No. _____

Date of Death : _____ Cause of Death : _____

Name of Nominee : _____

Relationship to Deceased Member : _____

Name & Address of Claimant _____

Town / City : _____ PIN

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 State _____

Phone No.(With STD) : _____ Mobile : _____

Date :

Signature of Claimant :

**NB : Death Certificate (Xerox Copy) verified by the Secretary / President Local Branch.
Submit Through Local Branch Secretary.**

For Office Use

Any Adhoc Payment Made Against Hospitalisation Bill _____

Payment Paid Amount : _____ Date : _____

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Last Fr. Yr. Till Death Total Fr. Contribution Recived

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Claim Paid on Dt. By Cheque No. Bank Name :

For Rs. /-

Sign. of Chairman

Sign. of Convener

Sign. of Treasurer

(Name : _____)

(Name : _____)

(Name : _____)