



Indian Radiological & Imaging Association

SOCIAL SECURITY SCHEME (IRIA-SSS)

IRIA House, C-5, Qutab Institutional Area,
New Delhi-110 016
Tel. 011-26965598, 011-41688846
Fax: 011-26565391
Email: sssiria12@gmail.com
Website: www.iria.in

For Office Use

Date of Receipt:

IRIA SSS Folio No.

State:

Category:

Affix recent
passport size
photograph.

APPLICATION FORM

(To be Filled in Block Letters)

Surname :

First Name :

Name of Father/Husband :

Sex :

Date of Birth :

Age :

Qualification :

IRIA Folio No. :

Correspondence Address :

.....

.....

.....

State

PIN code

Telephone No. (STD Code No.)

Resi: Clinic:

Mobile No.

E-mail:

I, the undersigned hereby apply for the membership of IRIA Social Security Scheme. I enclose herewith Demand Draft/Cheque No. Date drawn on for Rs. being the Admission Fees + premium as per age. I do hereby declare that above information is true and I have withheld no information what so ever regarding the Application and I agree to pay the amount demanded as per the death of member of this scheme. I further agree to abide by the condition laid down in the constitution.

Date: _____

Applicant's Signatures

Proposed By

Name:Signature.....

Address:

IRIA Life Membership Folio No.

Mobile No. E-mail:

RULE OF ELIGIBILITY TO BECOME MEMBER OF IRIA - SSS

Any Life Member of IRIA upto age of 65 years residing in India is eligible to become a member of this Scheme.

RULE FOR BENEFIT:

The Scheme is purely designed on brotherhood/sisterhood basis & we try to help the family members of IRIA on event of death of member. Death Benefit of the Scheme is liable only after completion of one year of membership of IRIA-SSS. However, nominee of member be entitled for such benefits if death of member occurs in accident even within one year of joining the scheme.

- NB
1. Demand Draft or at par Cheque payable at New Delhi will be accepted.
 2. M.O. or Cash will not be accepted in any circumstance.
 3. Send cheque or Demand Draft by Registered A.D. post only.
 4. Cheque or Demand Draft to be drawn in favour of "**SOCIAL SECURITY SCHEME of IRIA.**"
 5. **Life Membership of IRIA Head Quarter is compulsory.**
 6. Form must accompany Certified xerox copy of (1) Birth Certificate, (2) P.G. Degree/ Diploma Certificate, and (3) Two passport size photographs.

NOMINATION FORM

Name of the Nominee
(In. Capital Letters)

Specimen Signature of Nominee or
Guardian in case of minor nominee :

Relationship with
Member :

If Nominee is Minor, Name of the person who
represents the minor and his/her address :

Date of birth and age of Minor:

AMOUNT FOR D.D. FOR VARIOUS AGE GROUP.	ENROLMENT FEES	ONE TIME PREMIUM	TOTAL
1. Below age 30 years	500	3500	4000
2. Between 31-40 years	500	4500	5000
3. Between 41-50 years	500	5500	6000
4. Between 51-55 years	500	6500	7000
5. Between 56-60 years	500	7500	8000
6. Between 61-65 years	500	8500	9000

- Please send this form along with DD to Delhi Office of IRIA. Incomplete Form will not be accepted.
- Premium once paid will not be refunded.