



Family Benefit Scheme **AIOS**
Protects the **AIOS** Families
(**FBS-AIOS**)

Passport
Size
Photo

(For Office Use Only)

FBS No _____

AIOS Life Membership No. of Applicant _____

Date of Admission ____/____/____

Residing City / Town _____

Age on Admission _____

Native State _____

MEMBERSHIP APPLICATION FORM

(To be filled in Block letters)

First Name _____

Surname _____

Date of Birth: ____/____/____ (DD/MM/YYYY)

Age in Years: _____

Phone _____ Mobile _____

Gender Male Female

Name of Father / Husband _____

Surname _____

Email ID * _____

ADDRESS (RESIDENCE)

City _____ Pin Code _____ State _____ Country _____

ADDRESS (OFFICE)

City _____ Pin Code _____ State _____ Country _____

FBS-AIOS Letters and couriers to be sent on: Residence Address Office Address

I, the undersigned, hereby apply for the membership of society of Family Benefit Scheme of AIOS. I enclose DD No. _____ Dated ____/____/____, for Rs. _____ (Rupees _____) drawn on Bank _____ Branch _____ Being the contribution to the corpus fund of the scheme as per my age along with all other documents. I solemnly declare that I did not suffer from any major illness in the Past like any acute disease of Heart, Kidney, Lungs, Liver, Brain any malignancy or having any of these diseases now and did not undergo any major surgery for the above mentioned ailments previously. I do hereby declare that the above information is true to the best of my knowledge and belief and that I have not withheld any information whatsoever regarding my particulars and my membership may be terminated if any information given is found to be incorrect or Submission of any false information in the application form for joining the Society or subsequent communications. I agree to pay the Fraternity Contribution as per the rules of the scheme. I further agree to abide by the Constitution and byelaws of FBS AIOS and also any amendments made from time to time in the Constitution and Byelaws in future. I accept any decision of the E.C. / M.C. of FBS AIOS in this regards as final.

Date: ____/____/____

Place: _____

(Signature of the Member)

NOMINEES DETAILS

S.No.	Name and Address of the Nominee	Relationship	Phone No / Email ID	Signature of Nominee	Passport Size Photo of Nominee
1.					
2.					
3.					

If the nominee is a minor:

Name of the person who represents the minor and his or her address:

Age of Minor:

Month

Years

Specify Signature of the Nominees: 1. _____

2. _____

Or the minor's Representatives: 1. _____

2. _____

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

(Signature of the Member)

INSTRUCTIONS

- The Society reserves all rights to accept or reject any application.
- The Form should be filled completely in capital letters only
- Photo ID Card will be issued only after the membership is ratified.

○ Membership

Only ratified Resident Indian Life Members of AIOS are eligible to join the society.
Couple life members of AIOS shall be eligible to join the Society as individual members.
There shall be only one type of Membership i.e. Life Member

○ Procedure of enrolment

A ratified Life Member of AIOS qualified under the eligibility criteria shall apply on the prescribed application form along with the following documents as annexures. The duly filled in Application form along with the Prescribed admission fee as per the age of a member (at the time of taking the DD) in the form of a DD taken in the name of "FBS AIOS"

A/c No. (33056609944) IFSC Code: (SBIN0010644) Bank Name: State Bank of India

○ Documents to be attached with application form:

✓ Proof of AIOS life membership: (any one of the following self-attested copy)

- AIOS Life membership certificate
- Life membership photo identity card

✓ Proof of age (any one of the following self-attested copy showing date of birth)

- Matriculation / Board/ SSLC Certificate.
- Passport

✓ Proof of Residence (any one of the following self-attested copy)

- Election Identity Card
- Driving License
- Photo Copy of PAN Card

✓ Undertaking & Medical Certificate

1. Undertaking (for all Applicants)

- Notarized Affidavit on a Rs. 10/- Non-Judicial Stamp Paper
- Send a scanned copy on email initially (only for online application)
- Original document to be sent to FBS AIOS Office (both for online & offline application)

2. Medical Certificate (only for Applicants of age 40 years and above)

- On official Letterhead of a Physician (MD or DNB)
- Send a scanned copy on email initially (only for online application)
- Send original document to FBS AIOS Office (both for online & offline application)

[Download Undertaking \(Sample Format\)](#)

[Download Medical Certificate \(Sample Format\)](#)

✓ Nominee Documents

- Passport Size Photo.
- Aadhar Card / PAN Card.
- Specimen Signature on blank paper



Address for sending Application form

Prof. (Dr.) Rajesh Sinha

Hony. Gen. Secretary,

Family Benefit Scheme "FBS"

1st Floor, 8A, Karkardooma Institutional Area,
Near DSSSB Building, Manglam Road Karkardooma,
Delhi-110092 (India)

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