

Pediatricians' Social Services Society

Form for **NEW** Member (P.S.S.S., AOP Gujarat)
Society Reg. No. GUJ/3881/SUNR



FOR OFFICE USE ONLY DR. DIGANT D. SHASTRI Appl. Revd.: Dt. Chairman & M. D. Killol Children Hospital & M.A.D. Sign **Neonatal Care Unit Passport Size** PSSS No. 303, Takshashila Apartment, **Latest Colour** Majuragate, Surat-395 002 City **Photograph** Tele: (0261) 247 0130 Cell No.: 098795 38800 **Birth Date** 098795 68800 D Group Email: drdigantshastri@gmail.com psss.aopg@gmail.com Cert. Posted **SURNAME FIRST NAME** MIDDLE NAME (Name of Father/Husband) GROUP A **DATE OF BIRTH** В C D Male **Female QUALIFICATION** Membership No. : AOP CIAP **PAN Card Aadhar Card Correspondence Address PIN CODE CITY** Phone No.: STD Code: (W) CELL: E-Mail NO Suffering from any MAJOR disease? YES : If YES * Please clarify here (Rule-1)

PAYMENT Details:		
BANK	Cheque No./ Transaction ID	Amount Rs.
# Cheque should be drawn in favour of "Ped	diatricians' Social Services Society"	
(1) Pay by at Par Cheque / D.D.	OR	
(2) Online Payment : (a) UPI ID : PSSS@unionbankofindia IFS (b) NEFT : A/c No. 449101010181041 Uni		ch, Ahmedabad
I the undersigned apply of the membership of Pe that the above information is true and I have not agree to pay the amount demanded as per the dedown in the CONSTITUTION & RULES AND BY alterations, if any, in the future also.	with held any information whatsoever re etails of the Scheme. I further agreed to a	egarding the application. I bide by the condition laid
Date :		
Place :	Applicant's S	ignature & Stamp
Proposed by		
PSSS No. of Proposer		
Enclosures:		
(1) Copy of Birth Date Certificate (P	PAN Card/ School Leaving / Pas	ssport/ Driving Lic.)
(2) Copy of Life Membership of AO	P Gujarat	
(3) Payment evidence / cheque / on	lline transfer copy.	

NOMINATION FORM

	Nominee 1	Nominee 2
Name of the Nominees		
Relation with Member		
If Minor - Date of Birth & Guardian's Name and Relationship with Minor		
Specimen Signature of Nominee (If Minor, Sign. by Guardian)		
Affix Photograph of Nominee	Passport Size Photograph of Nominee 1	Passport Size Photograph of Nominee 2

RULES & REGULATIONS

- (1) If Suffering / suffered any MAJOR disease, than confirmation of membership is subject to approval by Panel (4 Drs' Panel of PSSS) & acceptance of window period by applicant..
- (2) Eligibility criteria: Age < 60 Years, Life Membership of AOP Gujarat.
- (3) Death Fraternity Contribution (D.F.C.)

Group	Age D F C (Per Death - to be paid)		Total Period for DFC Payment (Years)
A	< 35	1000	20
В	35 to 44	1200	18
С	45 to 54	1500	16
D	55 to 60	2000	14

Annul Maintenance Charge (AMC) to be paid every year for 20 years by each member

- (4) Annual Maintenance Fee Rs. 1200/-/time to time decided by board.
- (5) Form to be filled up with Birth Date Evidence, Photo, Payment Evidence and Life Membership of AOP Gujarat Certificate.
- (6) Nominee will get Rs. 800/- x strength of PSSS (Total Number of Members on that date)

 Required Documents: (a) Death certificate (b) Original PSSS Membership Certificate (c) F I R, if Accidental Death. (d) Any other Documents, if needed & demanded by Board/Office.
- (7) Scheme will be managed by Managing Committee (Board of Directors) and Advisory Board for administration, fund management etc.
- (8) Once member is enrolled, he/she will get membership certificate, copy of rules and regulation.

Group	Age (Years)	Admission Fees Rs.	Membership Fees Rs.	Advance D.F.C. Rs.	Total Payment Rs.
Α	< 35	3000	1000	3000	7000
В	35 to 44	4000	1000	4000	9000
С	45 to 54	5000	1000	5000	11000
D	55 to 60	7000	1000	6000	14000

Members are advised to preserve photocopy of this duly filled up form for future reference.

December 2020



Pediatricians' Social Services Society

Form for SPOUSE Membership

(P.S.S.S., AOP Gujarat)
Society Reg. No. GUJ/3881/SUNR

Serry of	Pediatrics, Culia
	भ्रम् शिशुनां कामग्रामं

Passport Size Latest Colour Photograph Photograph Passport Size Latest Colour Photograph Photograph Photograph Pire (2021) 247 0130 Cell No.: 098795 38800 O98795 68800 Cemil: dridganthastri@gmail.com Psss.aopg@gmail.com Cert. Posted SURNAME MIDDLE NAME (Name of Father/Husband) DATE OF BIRTH GROUP PAN Card Addhar Card Correspondence Address CITY Phone No.: STD Code: CITY Phone No.: If YES * Please clarify here (Rule-1) Suffering from any MAJOR disease ? YES NO: MA.D. MA.D. MA.D. PSSS No. City Birth Date Group A+ B C D Group A+ B C D Male Female Correspondence Address PIN CODE Phone No.: STD Code: CITY Phone No.: STD Code: CITY Phone No.: If YES * Please clarify here (Rule-1)		DR. DIGANT D. SHASTRI	FOR OFFICE USE ONLY			
Passport Size Latest Colour Photograph Neonatal Care Unit 303, Takshashila Apartment, Majuragate, Surat-395 002 Tele: (0261) 247 0130 Cell No.: 098795 38800 Email: drdigantshastri@gmail.com psss.aopg@gmail.com SURNAME SURNAME MIDDLE NAME (Name of Father/Husband) DATE OF BIRTH			Appl. Rcvd. : Dt.			
Passport Size Latest Colour Photograph Reonatal Care Unit Majuragate, Surat-395 002 Tele: (0261) 247 0130 Cell No.: 098795 38800 098795 68800 Email: drdigantshastri@gmail.com psss.aopg@gmail.com SURNAME FIRST NAME MIDDLE NAME (Name of Father/Husband) DATE OF BIRTH GROUP GROUP A+ B C D Male Female QUALIFICATION PAN Card Aadhar Card Correspondence Address CITY Phone No.: STD Code: (C) Phone No.: STD Code: (C) E-Mail		·	M.A.D. Sign			
Latest Colour Photograph Majuragate, Surat-395 002 Tele: (0261) 247 0130 Cell No.: 098795 38800 098795 68800 Email: drdigantshastri@gmail.com psss.aopg@gmail.com SURNAME MIDDLE NAME (Name of Father/Husband) DATE OF BIRTH GROUP A+ B C D Male Female QUALIFICATION PAN Card Addhar Card Correspondence Address CITY PIN CODE Phone No.: STD Code: (C) (R)	Passport Size					
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OBS795 68800 Email: drdigantshastri@gmail.com psss.aopg@gmail.com psss.aopg@gmail.com Cert. Posted SURNAME FIRST NAME MIDDLE NAME (Name of Father/Husband) DATE OF BIRTH GROUP A+ B C D Male Female QUALIFICATION PAN Card Aadhar Card Correspondence Address CITY PIN CODE Phone No.: STD Code: (C) (R)	Photograph					
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MIDDLE NAME (Name of Father/Husband) DATE OF BIRTH GROUP A+ B C D Male Female QUALIFICATION PAN Card Aadhar Card Correspondence Address CITY PIN CODE Phone No.: STD Code: (C) (R)						
DATE OF BIRTH GROUP A+ B C D Male Female QUALIFICATION PAN Card Aadhar Card Correspondence Address CITY PIN CODE Phone No.: STD Code: (C) (R)	FIRST NAME					
DATE OF BIRTH GROUP A+ B C D Male Female QUALIFICATION PAN Card Aadhar Card Correspondence Address CITY PIN CODE Phone No.: STD Code: (C) (R)						
QUALIFICATION PAN Card Aadhar Card Correspondence Address CITY PIN CODE Phone No.: STD Code: (C) (R) CELL: E-Mail	MIDDLE NAME (Name of Fath	er/Husband)				
QUALIFICATION PAN Card Aadhar Card Correspondence Address CITY PIN CODE Phone No.: STD Code: (C) (R) CELL: E-Mail						
PAN Card Aadhar Card Correspondence Address CITY PIN CODE Phone No.: STD Code: (C) E-Mail	DATE OF BIRTH	DATE OF BIRTH GROUP A+ B C D Male Female				
Aadhar Card Correspondence Address CITY PIN CODE Phone No.: STD Code: (C) (R) CELL: E-Mail	QUALIFICATION					
Correspondence Address	PAN Card					
Correspondence Address	Aadhar Card					
CITY PIN CODE	Addition Out of					
Phone No. : STD Code : (C) (R) (R) CELL : E-Mail	Correspondence Address					
Phone No. : STD Code : (C) (R) (R) CELL : E-Mail						
Phone No. : STD Code : (C) (R) (R) CELL : E-Mail						
CELL: E-Mail	CITY PIN CODE					
	Phone No. : STD Code : (C) (R)					
Suffering from any MAJOR disease ? YES NO: : If YES * Please clarify here (Rule-1)	CELL: E-Mail					
	Suffering from any MAJOR disease ? YES NO: If YES * Please clarify here (Rule-1)					

PAYMENT Details :		
BANK	Cheque No./ Transaction ID	Amount Rs.
# Cheque should be drawn in favour of "	Pediatricians' Social Services Society"	
(1) Pay by at Par Cheque / D.D.	OR	
(2) Online Payment :		
(a) UPI ID : PSSS@unionbankofindia	IFSC Code: UBIN0544914	
(b) NEFT : A/c No. 449101010181041	Union Bank of India, Dr. S. R. Marg Brand	ch. Ahmedabad

I the undersigned apply of the membership of Pediatrician's Social Services Society (PSSS). I do hereby declare that the above information is true and I have not with held any information whatsoever regarding the application. I agree to pay the amount demanded as per the details of the Scheme. I further agreed to abide by the condition laid

down in the CONSTITUTION & RULES AND BYE LAWS of PSSS, I further agree to abide by the amendments, alterations, if any, in the future also.

Date	•
Dute	-

Place :_____

Applicant's Signature & Stamp

Enclosures:

- (1) Copy of Birth Date Certificate (PAN Card/ School Leaving / Passport/ Driving Lic.)
- (2) Marriage Evidence Documents
- (3) Payment evidence cheque / online transfer copy.

NOMINATION FORM

	Nominee 1	Nominee 2
Name of the Nominees		
Relation with Member		
If Minor - Date of Birth & Guardian's Name and Relationship with Minor		
Specimen Signature of Nominee (If Minor, Sign. by Guardian)		
Affix Photograph of Nominee	Passport Size Photograph of Nominee 1	Passport Size Photograph of Nominee 2

PSSS No. of Main Member
Name of PSSS Member City
Name of Spouse
Father's Name of Spouse
1st Contact Pediatrician's Name
13t Johna Creditational 3 Hame
Address:
Pin Contact E-mail
2nd Contact Pediatrician's Name
Address:
Pin Contact E-mail
* One of the above two contacts must be PSSS Member.
We both have read all rules & regulations & It's our joint responsibility for every matter.
Signature of PSSS Member Signature of Spouse
Attachment : ONE OF FOLLOWING
(1) Marriage Evidence (Pan Card, Passport Copy, Marriage Registration Certificate)
(2) Marriage Affidavit Copy
(3) Notary Attested Copy
(4) Any Certificate Showing Marital Status.

RULES & REGULATIONS

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- (2) Eligibility criteria: Age < 60 Years
- (3) Death Fraternity Contribution (D.F.C.)

Group	Age (Years)	D F C (Per Death - to be paid)	Total Period for DFC Payment (Years)	
A +	< 35	1200	20	
В	35 to 44	1200	18	
С	45 to 54	1500	16	
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Annul Maintenance Charge (AMC) to be paid every year for 20 years.

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- (6) Nominee will get Rs. 800/- x strength of PSSS (Total Number of Members on that date)

 Required Documents: (a) Death certificate (b) Original PSSS Membership Certificate (c) F I R, if
 Accidental Death. (d) Any other Documents, if needed & demanded by Board/Office.
- (7) Scheme will be managed by Managing Committee (Board of Directors) and Advisory Board for administration, fund management etc.
- (8) Once member is enrolled, he/she will get membership certificate, copy of rules and regulation.

Group	Age (Years)	Admission Fees Rs.	Membership Fees Rs.	Advance D.F.C. Rs.	Associate Membership fee	Total Payment Rs. from 16-06-2015*
Α	< 35	3000	1000	3000	1000	8000
В	35 to 44	4000	1000	4000	1000	10000
С	45 to 54	5000	1000	5000	1000	12000
D	55 to 60	7000	1000	6000	1000	15000

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