



Pediatricians' Social Services Society



Form for **NEW** Member

(P.S.S.S., AOP Gujarat)

Society Reg. No. GUJ/3881/SUNR

Passport Size Latest Colour Photograph	DR. DIGANT D. SHASTRI Chairman & M. D. Killol Children Hospital & Neonatal Care Unit 303, Takshashila Apartment, Majuragate, Surat-395 002 Tele: (0261) 247 0130 Cell No. : 098795 38800 098795 68800 Email: drdigantshastri@gmail.com psss.aopg@gmail.com	FOR OFFICE USE ONLY		
		Appl. Revd. : Dt. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M.A.D. <input type="text"/> Sign <input type="text"/>	PSSS No. <input type="text"/>
		Birth Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Group A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Cert. Posted <input type="text"/>

SURNAME

FIRST NAME

MIDDLE NAME (Name of Father/Husband)

DATE OF BIRTH

GROUP

A

B

C

D

Male

Female

QUALIFICATION

Membership No. : **AOP**

CIAP

PAN Card

Aadhar Card

Correspondence Address

CITY

PIN CODE

Phone No. : STD Code :

(W)

(R)

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 Branch, 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 withheld 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 : _____

Place : _____

Applicant's Signature & Stamp

Proposed by

PSSS No. of Proposer

Enclosures :

- (1) Copy of Birth Date Certificate (PAN Card/ School Leaving / Passport/ Driving Lic.)
- (2) Copy of Life Membership of AOP Gujarat
- (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

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 (Years)	D F C (Per Death - to be paid)	Total Period for DFC Payment (Years)
A	< 35	1000	20
B	35 to 44	1200	18
C	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.
A	< 35	3000	1000	3000	7000
B	35 to 44	4000	1000	4000	9000
C	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.



Pediatricians' Social Services Society



Form for SPOUSE Membership

(P.S.S.S., AOP Gujarat)

Society Reg. No. GUJ/3881/SUNR

Passport Size
Latest Colour
Photograph

DR. DIGANT D. SHASTRI

Chairman & M. D.

Killol Children Hospital &
Neonatal Care Unit

303, Takshashila Apartment,
Majuragate, Surat-395 002

Tele: (0261) 247 0130

Cell No. : 098795 38800

098795 68800

Email: drdigantshastri@gmail.com

psss.aopg@gmail.com

FOR OFFICE USE ONLY

Appl. Rcvd. : Dt.

M.A.D. Sign

PSSS No.

City

Birth Date

Group A+ B C D

Cert. Posted

SURNAME

FIRST NAME

MIDDLE NAME (Name of Father/Husband)

DATE OF BIRTH **GROUP** **Male** **Female**

QUALIFICATION

PAN Card

Aadhar Card

Correspondence Address

CITY **PIN CODE**

Phone No. : STD Code : (C) (R)

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 Branch, 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 : _____

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

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

- (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
- (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
B	35 to 44	1200	18
C	45 to 54	1500	16
D	55 to 60	2000	14

Annul Maintenance Charge (AMC) to be paid every year for 20 years.

- (4) Annual Maintenance Fee Rs. 1200/- / time to time decided by board.
- (5) Form to be filled up with Birth Date Evidence, Photo, and Payment Evidence
- (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*
A	< 35	3000	1000	3000	1000	8000
B	35 to 44	4000	1000	4000	1000	10000
C	45 to 54	5000	1000	5000	1000	12000
D	55 to 60	7000	1000	6000	1000	15000

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