

જી.આઈ.સી.ઈ.એ. ના ફેલો (લાઈફ) મેમ્બર તથા પેટ્રન મેમ્બર અને તેમનાં જીવન સાથી કે જેમણે ૫૫ વર્ષ પૂર્ણ કરેલ ન હોય તેઓ જ આ યોજનામાં જોડાઈ શકે છે.

આ પત્રક પણ ફોર્મ સાથે સહી કરી પરત કરવું.

## એપ્લીકેશન ફોર્મ અંગે જરૂરી સૂચનાઓ

- \* ફોર્મમાં આપનો જી.આઈ.સી.ઈ.એ. મેમ્બરશીપ નંબર સ્પષ્ટ દર્શાવવો.
- \* જીવનસાથીનાં એપ્લીકેશન ફોર્મમાં સભ્યશ્રી નો એસ.એસ.એસ. મેમ્બરશીપ નંબર દર્શાવવો.
- \* એપ્લીકેશન કરનારના ફોટા અવશ્ય લગાવવા, તથા આગળ અને પાછળના પાને સહી કરવી.
- \* ફોર્મના પાછળના ભાગે બંને નોમીની ની વિગતો, સહી તથા ફોટા અવશ્ય બીડવા.
- \* પરિચય કરાવનારની (Introduction) સહી ફોર્મમાં પાછળના પાને કરવાની રહે છે.
- \* ફોર્મ બે નકલમાં ભરવું જરૂરી છે. બંને ફોર્મમાં ફોટા લગાવવા અવશ્યક છે.
- \* ફોર્મ સાથે જન્મ તારીખના દાખલા માટે જન્મનું પ્રમાણ પત્ર, શાળા છોડ્યાનું પ્રમાણ પત્ર, એસ.એસ.સી. પ્રમાણ પત્ર, ડ્રાઈવીંગ લાયસન્સ, પાસપોર્ટ પૈકીના કોઈપણ એક દસ્તાવેજની ફોટોકોપી જોડવી અવશ્યક છે.

(આપનું ફોર્મ પરત કરતાં પૂર્વે આપ જાતે ચકાસી લેશો)

## જો આપની ઉંમર ૪૦ વર્ષ કરતાં વધારે હોય તો (ઉંમર વર્ષ ૪૧ થી ૫૦ માટે)

- \* આપે સેલ્ફ ડેક્લેરેશન ફોર્મ ભરવાનું રહે છે. જેમાં આપના ફેમીલી ડોક્ટર (કે જેનું ન્યુનતમ ક્વોલીફીકેશન એમ.બી.બી.એસ. હોય) ના સહી, સીક્કો, રજીસ્ટ્રેશન નંબર તથા સરનામું દર્શાવવું જરૂરી છે.
- \* આપને સભ્યપદ પ્રાપ્ત કર્યા પછી એક વર્ષ બાદ જ આ યોજના હેઠળ બંધુત્વફાળાની રકમ મળવા પાત્ર થાય છે.

## જો આપની ઉંમર ૫૦ વર્ષ કરતાં વધારે હોય તો (ઉંમર વર્ષ ૫૧ થી ૫૫ માટે)

- \* આપે સેલ્ફ ડેક્લેરેશન ઉપરાંત મેડીકલ ચેકઅપ કરાવી તે અંગેનું ફોર્મ ભરવું જરૂરી છે.
- \* આપને સભ્યપદ પ્રાપ્ત કર્યા પછી એક વર્ષ બાદ જ આ યોજના હેઠળ બંધુત્વફાળાની રકમ મળવા પાત્ર થાય છે.
- \* જો આપનું મેડીકલ ફોર્મ તથા રીપોર્ટસ યોગ્ય નહીં જણાય તો એડમીનીસ્ટ્રેટીવ કમીટીને તે ફોર્મ ના મંજૂર કરવાની સત્તા રહે છે.
- \* જો આપે ૫૪ વર્ષ પૂર્ણ કરેલ હોય તો, ૫૫ વર્ષ પૂર્ણ કરતાં પૂર્વે ૩ માસ પહેલા સંપૂર્ણ ભરેલ ફોર્મ પહોંચાડવાનું રહેશે.

## આપે જી.આઈ.સી.ઈ.એ. મેમ્બર તરીકે પાંચ વર્ષ કરતાં વધારે સમય પૂર્ણ કર્યા હોય તો

- \* આપને બંધુત્વ ફાળાનો લાભ એક વર્ષ બાદ મળવા પાત્ર છે.
- \* આપે સેલ્ફ ડેક્લેરેશન ફોર્મ ભરવાનું રહે છે. જેમાં આપના ફેમીલી ડોક્ટર (કે જેનું ન્યુનતમ ક્વોલીફીકેશન એમ.બી.બી.એસ. હોય) ના સહી, સીક્કો, રજીસ્ટ્રેશન નંબર તથા સરનામું દર્શાવવું જરૂરી છે.
- \* ફોર્મ મંજૂર / નામંજૂર કરવાની સત્તા એડમીનીસ્ટ્રેટીવ કમીટીને આધીન છે. તે અંગે એડમીનીસ્ટ્રેટીવ કમીટીનો નિર્ણય આખરી રહેશે.

ઉપરનાં સર્વે સૂચનો તથા નિયમો મેં વાંચ્યા છે તથા તે સાથે હું સંમત છું, તથા સ્કીમનું બંધારણ મને માન્ય રહેશે.

સભ્યની સહી \_\_\_\_\_

“ભાતૃભાવ દ્વારા સલામતી”

F/ADM/01  
RCV:00 1/1/09

સોશલ સિક્યુરિટી સ્કીમ



ESTD. : 1994

# SOCIAL SECURITY SCHEME OF GICEA

ISO 9001-2008  
CERTIFIED INSTITUTE



To,  
Hon. Secretary,  
"Social Security Scheme of GICEA"

## APPLICATION FORM

S. S. S. No. Alloted :-  
Membership sanctioned Dt. :-  
Admm. Meeting No./Dt. :-

I undersigned apply herewith for membership of Social Security Scheme of GICEA. I am /My Husband / My Wife is Patron/ Fellow (Life) member of GICEA, vide Membership No. **FLM / PM** - \_\_\_\_\_ My Husband / Wife is a member of S.S.S. of GICEA vide Membership No. **SSS** - \_\_\_\_\_

I confirm that information furnished hereunder are true and correct. I have read and understood the constitution of the Scheme and shall abide by the same.

### PARTICULARS OF THE APPLICANT (PLEASE WRITE/TYPE IN BLOCK LETTERS)

(1) **Applicant's Name :** \_\_\_\_\_  
Surname First Name Last Name

(2) **Birth Date :** \_\_\_\_\_ Sex : M  F

(3) **Payment details :** \_\_\_\_\_  
(a) Amount Rs. By Cheque / DD No. Date : \_\_\_\_\_  
(b) Drawn on Branch \_\_\_\_\_  
(c) Amount in words Rs. \_\_\_\_\_

(5) **Address for Official Communication :** \_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_

(6) Telephone Numbers : (O) \_\_\_\_\_ (R) \_\_\_\_\_ (M) \_\_\_\_\_

(7) E-mail : \_\_\_\_\_

Signature of Applicant : \_\_\_\_\_

#### GUIDELINE FOR NON REFUNDABLE AMOUNT PAYABLE ALONGWITH THE APPLICATION

Age Years	Admission Fees Rs.	Total payable Amount (Rs.) Including Admission fee Admm. Fee + AFC + ASC*	Age Years	Admission Fees Rs.	Total payable Amount (Rs.) Including Admission fee Admm. Fee + AFC + ASC*
25	300	910	46	4000	4610
26-30	600	1210	47	4200	4810
31-35	1500	2110	48	4400	5010
36-40	2500	3110	49	4600	5210
			50	4800	5410
41	2700	3310	51	12000	12610
42	2900	3510	52	13000	13610
43	3100	3710	53	14000	14610
44	3300	3910	54	15000	15610
45	3500	4110	55	16000	16610

#### Note :

- The photo copy of **proof of Birthday testimonials** alongwith fees is to be enclosed.
- The age mentioned is **running age. 55 years** means **54 years completed & 55 years running.**
- I.M. : Individual Member
- \* The Advance **Fraternity Contribution (AFC)** and **Annual Service Charges (ASC)** are as follows.

**Individual Member** : AFC Rs. 520.00 + ASC Rs. 90.00 = Total Rs. 610.00

Total payable non-refundable amount is arrived at by summation of AFC + ASC + One time admission fee.

**( Please pay your calls in the month of April & October every year )  
(All the Payments shall be made by Cheque/D.D. only)**

Signature(s) of Nominee(s) on your payment voucher shall be the proof of your having fulfilled the obligation of disbursement of benefits to my family and to receive benefits under the Scheme on behalf of my family, I nominate and authorise, (i) (ii)

**Principal Nominee**

(i) Mr./Mrs. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Birth Date if (Minor) \_\_\_\_\_ Name of Guardian (incase of Minor) \_\_\_\_\_  
 Signature of Guardian (incase of Minor) \_\_\_\_\_  
 Tel. Nos (O) \_\_\_\_\_ (R) \_\_\_\_\_  
 \_\_\_\_\_ **Signature of Principal Nominee**

**Alternate Nominee**

(ii) Mr./Mrs. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Birth Date if (Minor) \_\_\_\_\_ Name of Guardian (incase of Minor) \_\_\_\_\_  
 Signature of Guardian (incase of Minor) \_\_\_\_\_  
 Tel. Nos (O) \_\_\_\_\_ (R) \_\_\_\_\_  
 \_\_\_\_\_ **Signature of Alternative Nominee**

as a token of consent of Nominee(s), their signatures are obtained as above to be treated as specimen signature(s)  
 Further, I Confirm that they are empowered to collect the benefits prescribed as under :-

- (Tick only one option/strike off the rest)  
 Only Principal nominee ( Alternate Nominee in case of the Principal Nominee is not alive )
- Either of the nominee(s)

Signature of Applicant \_\_\_\_\_

**INTRODUCTION**

I, Shri \_\_\_\_\_ undersigned member  
 of GICEA/S.S.SCHEME vide membership No. FLM/PM No. \_\_\_\_\_ S.S.S. No \_\_\_\_\_ Know and introduce the applicant.

**SIGNATURE**

Checked by \_\_\_\_\_

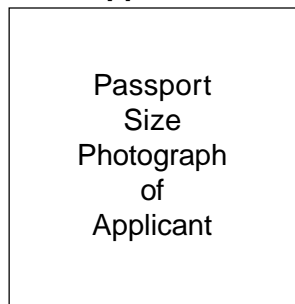
Approved & Signed by \_\_\_\_\_

Chairman / Vice-Chairman / Secretary \_\_\_\_\_

RECEIPT NO. : \_\_\_\_\_

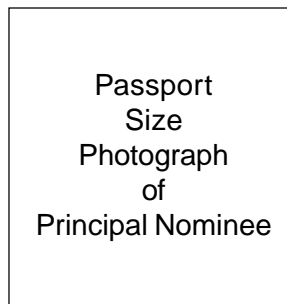
DATE : \_\_\_\_\_

**Applicant**

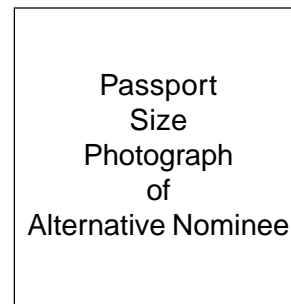


**MEMBER / APPLICANT**

**Nominees**



**PRINCIPAL**



**ALTERNATIVE**



**(Members Copy for to be returned after approval)**

To,  
Hon. Secretary,  
"Social Security Scheme of GICEA"

**APPLICATION FORM**

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 Address \_\_\_\_\_  
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 Birth Date if (Minor) \_\_\_\_\_ Name of Guardian (incase of Minor) \_\_\_\_\_  
 Signature of Guardian (incase of Minor) \_\_\_\_\_  
 Tel. Nos (O) \_\_\_\_\_ (R) \_\_\_\_\_  
 \_\_\_\_\_ **Signature of Principal Nominee**

**Alternate Nominee**

(ii) Mr./Mrs. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Birth Date if (Minor) \_\_\_\_\_ Name of Guardian (incase of Minor) \_\_\_\_\_  
 Signature of Guardian (incase of Minor) \_\_\_\_\_  
 Tel. Nos (O) \_\_\_\_\_ (R) \_\_\_\_\_  
 \_\_\_\_\_ **Signature of Alternative Nominee**

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 Only Principal nominee ( Alternate Nominee in case of the Principal Nominee is not alive )
- Either of the nominee(s)

Signature of Applicant \_\_\_\_\_

**INTRODUCTION**

I, Shri \_\_\_\_\_ undersigned member of GICEA/S.S.SCHEME vide membership No. FLM/PM No. \_\_\_\_\_ S.S.S. No \_\_\_\_\_ Know and introduce the applicant.  
 \_\_\_\_\_  
**SIGNATURE**

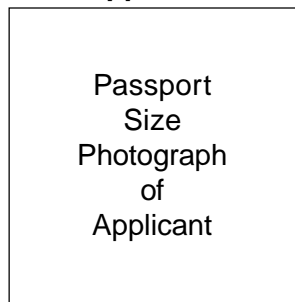
Checked by

Approved & Signed by

Chairman / Vice-Chairman / Secretary

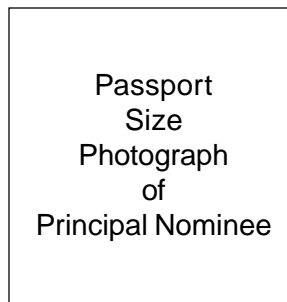
RECEIPT NO. :
DATE :

**Applicant**

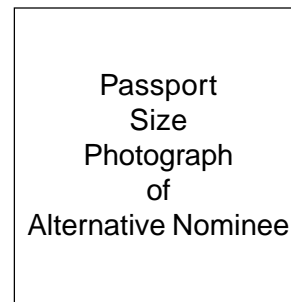


**MEMBER / APPLICANT**

**Nominees**



**PRINCIPAL**



**ALTERNATIVE**



**DECLARATION**

*(For the members above 40 years) &*

**(For the Members applying for SSS membership after lapse of 5 years of GICEA membership)**

I here by declare to the best of my knowledge, at present my health is fairly good and in sound condition, and not suffering from terminal disease.

Place : Signature :

Date : Name :

FLM No. :

**Doctor's Certificate**

Mr./Mrs. \_\_\_\_\_ is my patient since \_\_\_\_\_ years, and to the best of my knowledge he/she is presently having fairly good health.

Place : Signature :

Date : Name of Doctor :  
Address & Phone No. :

Registration No. :

Stamp :

**(TO BE ATTACHED WITH ADMISSION FORM)**

**P.T.O.**

**ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)**

The Manager

(Bank Name): \_\_\_\_\_

(Branch Name): \_\_\_\_\_

(Address): \_\_\_\_\_

Telephone No: \_\_\_\_\_

**Copy to the User Company**

Name -----

Address -----  
-----

I/We hereby authorize TechProcess Solutions Limited, the authorized service provider of SSS of GICEA to debit my/our bank account to remit payments through ECS (Debit) clearing as per the details given as under.

SSS Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A.

1. Account Holder Name (As per bank's record):


2. Joint Account Holder Name(As per bank's record):


B. Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

C. MICR - 9 Digit code number of the bank & branch (Appearing on the MICR cheque issued by the bank):

--	--	--	--	--	--	--	--	--

D. Account Type (S.B. Account/Current Account or Cash Credit): \_\_\_\_\_

E. Ledger No. / Ledger Folio No. : \_\_\_\_\_

F. \_\_\_\_\_ :

Name of the Scheme	Date of effect	Periodicity (M/BiM/Qly/etc.)	Amount of installment/ Amt of bill with upper limit	Number of installments/ Valid up to (in case of utility bills)

1. ECS Debit start Date :

2. ECS Debit End Date :

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

Date:\_\_\_\_\_

\_\_\_\_\_  
Signature of the account holders

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Authorized official from the Bank

(Note:- Mandate to be obtained in 3 copies, Original for Bank, One for User Co and other for customer)

# DECLARATION

For the members above 50 years

## Medical Examination Form To Be Filled By Doctor Of Reputed Hospital

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Age : \_\_\_\_\_ Sex (M/F) : \_\_\_\_\_ Marital Status : \_\_\_\_\_ Married/ Unmarried

### Clinical Examinations Carried out by

Consulting Physician \_\_\_\_\_

Consulting Gyneacologist  
(For Lady Applicant) \_\_\_\_\_

### Background History

Family History : \_\_\_\_\_

Personal History : \_\_\_\_\_

Past History : \_\_\_\_\_

Main Complaints : \_\_\_\_\_

### Clinical Systemetic Examination

(A) C.V.S. : \_\_\_\_\_ Pulse : \_\_\_\_\_

(B) R.S. : \_\_\_\_\_ B.P. : \_\_\_\_\_

(C) C.N.S. : \_\_\_\_\_

(D) G.I.S. : \_\_\_\_\_ Weight : \_\_\_\_\_

(E) G.U.S. : \_\_\_\_\_ Height : \_\_\_\_\_

(F) Musculo : \_\_\_\_\_  
(Skeletal System)

### Report of Investigation

- |  |                                     |
|--|-------------------------------------|
| 1. Blood Sugar<br>(A) Fasting (F.B.S.) :..... (B) P.P.B.S. : ..... | 7. Stool Examination : _____        |
| 2. S. Cholesterol : _____  | 8. Hb% : _____                      |
| 3. Blood Urea : _____  | 9. Total Count : _____              |
| 4. S. Triglyceride : _____   | 10. X-Ray Chest (P.A. View) : _____ |
| 5. Blood Group : _____   | 11. E.C.G. : _____                  |
| 6. Urine Examination : _____                                       | 12. Tread Mill Stress Test : _____  |

Comments & Conclusions \_\_\_\_\_

Management \_\_\_\_\_

### Certificate

To the best of my knowledge & on the basis of above investigations reported above,

Mr./Mrs. \_\_\_\_\_ is having good/normal health.

Signature

R.M.O./ Consulting Physician  
(Stamp & Registration No. )

(TO BE ATTCHED WITH ADMISSION FORM)