



SOCIETY OF FAMILY BENEFIT SCHEME OF THE MEMBERS OF ALL INDIA OPHTHALMOLOGICAL SOCIETY

MEMBER'S RECENT PHOTO

(For Office Use Only)
FBS AIOS No.

AIOS Life Membership No. of Applicant

Date of Pro. Admission:

Residing City / Town

Age on Admission:

Native State

APPLICATION FORM (To be filled in Block letters)

Name in Full: Sex:

M	F
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Name of Father / Husband

Date of Birth:

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Age in Years:

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Correspondence Address:

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..... Pin:

Phone No: (STD Code) (R) (O) (Cell).....

Permanent Address:

.....

..... Pin:

Email: Fax:

STD Code: Phone No:

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 communication s. 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

NOMINATION FORM

S. No.	Name , address and Signature Of Nominee	Relationship	Photo of Nominee	Thumb Impression	Tel phone number/cell number 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 the minor: 1

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2.

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Specimen 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)

PROCEDURE OF ENROLLMENT IN TO FBS AIOS.

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. Application and other details of FBS AIOS are available with the Secretary's office and on the website www.aios.in or www.aios.org . The tariff now is as follows. Please print your address & names or write in clear capital letters to avoid spelling mistakes in your Communications.

Age in years	Admission fee Rs.
Up to 29 years not completing 29	5000.00
29 to 34 years not completing 34	7000.00
34 to 39 years not completing 39	9,000.00
39 to 44 years not completing 44	15,000.00
44 to 49 years not completing 49	20,000.00
49 to 54 Years not completing 54	30,000.00

1. No application for membership will be accepted unless it is complete in all respects, accompanied by Demand Draft for the Correct amount as per the age of a member in favor of "Hon Secretary FBS AIOS A/c.NO 30067225866 SBI Vijayawada ". on any Bank in Vijayawada .A provisionally admitted member becomes a regular member after ratification of his membership by the Executive Committee of FBS AIOS Only.
 2. Proof of age (any one of the following self attested copy showing date of birth)
 - i. Birth Certificate.ii.Matriculation / Board/ SSLC Certificate./ Pan card copyiii.Passport copy
 3. Proof of AIOS life membership: any one of the following self attested copy. (A provisionally admitted member of AIOS becomes a regular member of FBS AIOS after ratification of Life membership in AIOS.)
 - i AIOS Life membership certificate
 - ii. Life membership photo identity card
 4. Proof of Residence (any one of the following self attested copy)
 - i. Election Identity Card ii Passport iii Driving License
 5. PAN CARD NO.
 6. Medical Certificate
Medical Certificate by a Physician registered with Medical Council of India/ State Medical Council/Medical Specialist of Corporate Hospital / certifying that to the best of his knowledge, after examination and review of the investigation of the applicant that:
 - i. There is no evidence of advanced terminal ailment/ advanced cardiac, renal or hepatic ,Brain or Lungs Kidney ,disease / meta static malignancy.
 - ii. The member shall give a self declaration on a Rs.10 . Bond as notarized affidavit to the effect that he/she is free from any major ailments of heart kidney lungs liver kidney ,Brain or malignancy and has not undergone any major operation previously.
 7. Name of the Nominee/s with their age, address (postal, e-mail), Tele No. and PAN No. On a separate paper.
 8. Enclose 2 extra stamp size photos of the applicant and of the nominees.
- Please follow the following instructions carefully .
- a). A Completed application along with all the above documents should be sent to the following office address
Dr V. Sambasiva Rao,
Hon. Gen. Secretary, FBS AIOS,
Aravinda Lasek Eye Hospital, 29-12-46,Surya Rao peta,Vijayawada-520002.A.P. [Email- sambasivalasek.vjw@gmail.com](mailto:sambasivalasek.vjw@gmail.com), fbsaios.vjw@gmail.com, mobile-08886941987.
 - b). Submission of incomplete application form or any false information therein or in subsequent communications to the Society will make a member liable for termination and not eligible for any benefit from the Society .
 - c). For regular dues and Up dates on FBS AISO Log on to <http://aios.org> or www.aios.in or mail to fbsaios.vjw@gmail.com
 - d). If you do not receive any reply or receipt with in 15 days after sending your application please write a letter or give a e mail or call to enquire .No cell messages please. You will get reply with in 24 hrs for your e mail queries.
 - e).Please enquire for any dues to FBS AIOS every April and October & pay in time so that you are an active member to enjoy all benefits avoiding suspension and termination of membership in FBS AIOS. log on to www.fbsaios.org updated monthly
 - f). Advanced Deposit. To avoid unintentional suspension and termination of membership due to non payment in time we accept advance deposit of Rs.5000.00 or more .This will help a member on the move to avoid penalty for late payment and sending DD S every 6 months for Fraternity Contribution until this amount is accounted for.
 - g) email will be sent immediately after receipt of your application. A copy of constitution and A copy of News letter will be sent immediately.
 - h) All complete applications will be ratified by Executive Committee, FBS AIOS and letter of ratification and FBS certificate will be sent.with in a month of the receipt of the all valid applications. Check your e mail for FBS AIOS News and log on to www.fbsaios.org for updates.



FAMILY BENEFIT SOCIETY OF THE MEMBERS OF ALL INIDA OPHTHALMOLOGICAL SOCIETY(FBS-AIOS)

Fbs aios Main Theme is, when ever a colleague of ours, die we go to his house, to console his family members taking fruits/sweets worth of rs 500/.In Fbsaios we collect rs 400/ as fc for each death, from members, pool the money and give it to His family after His death. Help your colleagues Family,collegues will help your Family by giving Fc of rs 400/.

At Present FbsAios Membership is 3245.

7.75 crores given to 55 families Since 2004.

- **At present benefit to the family is Rs 15 laks after the death of the member.**
- **The benefit to the family increases as the membership grows.**
- **One time admission fee at the time of joining as per the age given below table.**
- **After that Rs 400 as Fc contribution for each death of the member.**
- **No death no payment. No yearly payment unlike other insurance schemes**

Age in years	Admission fee Rs.
Up to 29 years not completing 29	5000.00
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34 to 39 years not completing 39	9,000.00
39 to 44 years not completing 44	15,000.00
44 to 49 years not completing 49	20,000.00
49 to 54 Years not completing 54	30,000.00

- **So far each member paid Rs 22,600 since 2004 for 55 deaths as Fc 1 to Fc 14. And the benefit to the family is Rs 15 Laks.**
- **No Scheme in the world can give such a benfit with such a low investment and high benefit to the family.**
- **In an LIC Policy for 15 Lakhs a policy holder has to pay between Rs. 47000 to Rs. 83000.00 every year depending upon the age of the policy holder.**
- **JOIN FBS-AIOS NOW and provide Rs. 15 Lakhs Protection to your family**
- **Application forms and details are available at www.fbsaios.in**
- **Access Fbs Aios Web site www.fbsaios.in to find out your dues & other details**
User name: your fbs aios number, Password:fbsaios,

Dr.Rajvardhan Azad, Chairman ,Fbsaios.
rajvardhanazad@hotmail.com



Dr V. Sambasiva Rao,
Hon. Gen. Secretary, FBS AIOS,

Aravinda Lasek Eye Hospital, 29-12-46,Surya Rao peta,Vijayawada-520002.A.P. [Email-sambasivalasek.vjw@gmail.com](mailto:sambasivalasek.vjw@gmail.com), fbsaios.vjw@gmail.com, mobile-08886941987.

FBS AIOS MANAGING COMMITTEE	REGIONAL REPRESENTATIVES	EX-OFFICIO MEMBERS-aios office bearers	
Chairman :Dr.Rajvardhan Azad			
Vice Chairman :Dr.C.Sriramamurthy	1. Dr.Rajib mukherjee	north	1. Dr.Queresh Maskati
Hon. Secretary :Dr.V.Sambasiva Rao	2. Dr.Harshul Tak	central	2.. Dr..B.K.Naik
Treasurer :Dr.C.Sarath Babu	3. Dr.Laulkar jayant	west	3..Dr.Yogesh Shaah
Joint-Secretary: Dr.Ranjith maniar	4. Dr.S.S.Sukumar	south	
Joint-Treasurer :Dr.Queresh Maskati	5. Dr.BNR Subudhi	east	