

**NON RECEIPT OF LIFE MEMBER CERTIFICATE**

(Proforma to be sent to State HQ along with complaint of Non Receipt of LMC)

1. Name of Doctor (in Block Capitals) :
2. Full Postal Address (Present) :  
(With Pin Code & Phone No.)
3. Name of Present Branch :
4. Branch through which applied for :  
Life Membership
5. Year in which applied for :  
Life Membership
6. Details of transfer of branch with year :
7. Have you got a life member number or :  
Provisional certificate: (if so give details)
8. Details of amount paid by the member : Amount..... DD No.....  
to local I MA branch :  
Date:..... Name of Bank.....
9. Have you got the receipt or not. If yes :  
attach Xerox copy.
10. Are you getting JIMA or News Letter :  
(if Yes attach old wrapper)
11. Have you ever written to State HQ in this :  
regard. If so furnish the details of it.
12. Have you enclosed a new set of :  
Membership Application Form in triplicate : Yes/ No
13. Details of payment of HFC to State HQ. No. : Dated signature of the Member  
and Date of covering letter sending HFC to HQ :  
Letter No .....Date.....  
Amount : .....DD No.....  
Date.....Name of Bank :.....
14. Any other relevant records from the Branch :  
which supports the claim

Signature of the Branch Secretary

Date :..... (Seal) Name :

**Note :-**

1. Attach one form 'D' for each complaint.
2. Details of Item 13 and 14 to be provided by the Branch.
3. All the complaints to be forwarded through the Branch with a covering letter of the Branch Secretary
4. Enclose a new set of Membership Application Form (Triplicate). No need of MA forms if there is life member number.