

HFC FROM BRANCH TO STATE HQ

(Proforma to be sent along with the HFC)

I. Name of Local Branch :

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II. Details of HFC

No.	Type of Membership	Rate	Number of Members	Amount	For the Year	Number of MA forms Enclosed	Remarks
1.	Old Annual Single (OAS)	640					
2.	Old Annual Couple (OAC)	1000					
3.	New Annual Single (NAS)	650					
4.	New Annual Couple (NAC)	1015					
5.	New Life Single (NLS)	7380					
6.	New Life Couple (NLC)	11250					
7.	Conversion to Life Single (CLS)	7370					
8.	Conversion to Life Couple (CLC)	11235					
9.	Life Single to Life Couple (LSLC)	3870					
10.	Young Doctors (YD)	430					
TOTAL							

III. Details of DD :

Amount	
No. and Date	
Name of Bank	

IV. Whether detailed List of members attached in form B (Seperate list of category 1 to 10 be attached in Form B) Yes/No

V. Whether MA Forms in Triplicate (State, Central and Jima) attached (MA Forms are must for all new Applicants and convert to life) Yes/No

VI. Remarks if any:

Date :

(Seal)

Hon. Secretary

Signature

Name