



# NIMA MUTUAL BENEFIT SCHEME

Office : G/2, Mohan Kunj, M.J. Phule Road, Naigaon, Dadar, Mumbai- 400 014  
Tel. No. 022-2412 3407 Office Hours : 3.00 pm to 5.00 pm (Sunday Close)



Date :

## CLAIM FORM FOR NOMINEE OF DECEASED / PERMANENTLY DISABLED

Name of Deceased / Permanently Disabled Member \_\_\_\_\_

M.B.S. No. \_\_\_\_\_ State : \_\_\_\_\_ Branch : \_\_\_\_\_

Date of Death : \_\_\_\_\_

Name of Nominee/s : \_\_\_\_\_

Relationship to Deceased / Permanently Disabled Member : \_\_\_\_\_

Name & Address of Claimant \_\_\_\_\_

Town / City : \_\_\_\_\_ PIN 

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 State \_\_\_\_\_

Phone No.(With STD) : \_\_\_\_\_ Mobile : \_\_\_\_\_

Date :

Signature of Claimant

- Duely filled claim form with following Attached documents (Self Attested by Nominee)
  1. Death certificate of MBS member issued by Govt. Authority (Xerox)
  2. Aadhar Card of MBS member (Xerox)
  3. PAN or Aadhar Card with Recent Address Of Nominee Registered with MBS (Xerox)
  4. Bank Details of the Nominee. (Pass Book Front Page Xerox or Cancelled Cheque.)
  6. Acknowledgment Receipt from Nominee who is going to Receive the Cheque. (In Advance)
- Permanently Mental or Physical Disability, Certificate from Doctor. Verified by President / Secretary Branch. Submitted Through Branch Secretary.

### For Office Use

Last Fr. Contribution Paid Yr ..... Till Death Total Fr. Contribution Received .....

Remark : Regular Member / Defaulter Member - Since Yr. .... Any Adhoc Payment.....

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Claim Paid Rs. .... Dt. .... Cheque No. .... Bank Name : .....

Sign. of Chairman

Sign. of Convener

Sign. of Treasurer

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

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

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

# Acknowledgment Receipt

Date :        /        /20

Received with thanks, from the Mutual Benefit Scheme of N.I.M.A.

Rs. ..../- (Rupees ..... only) by

Cheque No. .... Dated ..... drawn on Bank of India Br.

..... Being the Amount payable on the sad demise of  
Late Dr. ....

N.I.M.A. .... Branch, He / She being a member of Mutural Benefits  
Scheme of N.I.M.A

I hereby Confirm by the amount is paid to me by Cheque as per the rules and  
regulations of the Mutual Benefit Scheme of N.I.M.A. and there is no legal Claim  
Pending either on my part or on behalf of any legal heirs of my ..... the Late  
Dr. .... M.B.S. No. ....

Signature of Witness

Name & Address of the Witness :

.....  
.....  
.....

Revenue  
Stamp

Signature of Nominee  
(on a Revenue Stamp)

Date : .....

(Note : Please Duely Sign this letter by Nominee and Witness and  
sent to Treasure Office of N.I.M.A. MBS Immediately