



THE INSTITUTION OF HOMOEOPATHS KERALA

(Registered under T.C. Literary, Scientific and Charitable Societies Act XII of 1955)

Reg. No. 264 / 87

IHK SOCIAL SECURITY SCHEME

APPLICATION FORM OF IHK SOCIAL SECURITY SCHEME FRATERNITY BENEFIT FUND (UNIT SECRETARY)

From

Unit Secretary

IHK.....Unit

To

General Secretary

IHK

Sir,

Sub: Release of Fraternity Benefit Fund

Dr.....H/o, W/o.....

Address, District, Pin Code, an active member

Unit of IHK who expired on(date) received letter from nominee.....

..... He was enrolled in IHK SOCIAL SECURITY SCHEME since.....(year) without break. I humbly request you to take necessary steps to release the Fraternity Benefit Fund at the earliest.

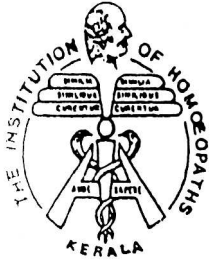
Thanking you,

Yours faithfully,

Place
Date

Signature
IHK DISTRICT SECRETARY
(SEAL)

Signature
UNIT SECRETARY
(SEAL)



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IHK SOCIAL SECURITY SCHEME

APPLICATION FORM OF IHK SOCIAL SECURITY SCHEME FRATERNITY BENEFIT FUND (NOMINEE)

From

Name of Nominee
Address
Pin Code

To

Unit Secretary
IHK.....Unit

Sir,

Sub: Release of Fraternity Benefit Fund

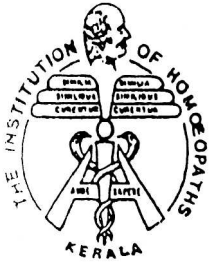
My husband/wife Dr.....
.....(Address, Pin Code,) an active member of
.....unit of IHK who expired on
.....(date). He was enrolled in IHK SOCIAL SECURITY SCHEME since
.....(year) without break. I humbly request you to take necessary steps to release of
Fraternity Benefit Fund at the earliest.

Thanking you,

Yours faithfully,

Place
Date

Signature
(Nominee)



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Documents required for Release of Fraternity Benefit fund.

1. Application of Nominee to Unit Secretary
2. Application of Unit Secretary to General Secretary
3. Photostat Copy of Unit Application form of Doctor who expired.
4. Death Certificate (Photostat Copy)

Sent to :

1. State President of IHK
2. General Secretary of IHK
3. IHK Social Security Scheme Special Officer
4. One copy should be filed in Unit