

SOCIAL SECURITY SCHEME -ICEA ,SURAT
GORDHAN HALL SURYAPUR SOCIETY,RANDER ROAD,SURAT-395009.

Application Form

ICEA MEMBERSHIP No. :- _____ S.S.S. No. Allotted:- _____
 Class of Membership :- _____ Membership Sanction Date:- _____
 Date of approved by Hon. Secretary of ICEA with MCM No. /Date:- _____

To,
 Hon. Secretary,
 " SOCIAL SECURITY SCHEME -ICEA-SURAT."

I undersigned apply for membership of Social Security Scheme - ICEA, Surat.

I am /my husband / my wife / my father is Life member of ICEA in _____ category
 vide membership No. _____.

Name should be filled in Capital letter only

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|----|---|
| 1 | Applicant's Name :- _____ (As per any ID Proof) Surname First Name Middle Name (Preferably Adhar Card / Election Card) |
| 2 | Date of Birth :- _____ Gender :- _____. (As per any ID Proof) |
| 3 | Applicant's Nationality :- _____ |
| 4 | Address for Official Communication :- _____ _____ _____ Pin _____ |
| 5 | Contact No. :- (M) _____ ALT.M. _____ (R) _____ Email:- _____ |
| 6 | Permanent Address :- _____ _____ _____ Pin _____ |
| 7 | Are you suffering from any terminal (fatal) diseases ? _____ |
| 8 | Any family member (father/mother/sibling) suffering from any terminal (fatal) diseases ? _____ |
| 9 | Name of Principal Nominee:- _____ (As per any ID Proof) Surname First Name Middle Name |
| 10 | Address:- _____ |
| 11 | Date of Birth :- _____ Relation with Applicant :- _____. (As per any ID Proof) |

Attached ID proof for Nominee with self attested Signature

Further, I confirm that they are empowered to collect the benefits prescribed as under

Signature of Applicant :- _____

Signature of Principal ICEA Member with SSS
 membership No. _____

Date:- _____ Place:- _____

***Note:- You may add alternative Nominee , in non
 extant of Principal Nominee, alternative
 Nominee is eligible for receiving Fund.***

Place for
 Applicant's
 Pass Port Size

Photograph

Place for
 Nominee
 Pass Port Size

Photograph