

SOCIAL SECURITY SCHEME  
INDIAN RADIOLOGICAL & IMAGING ASSOCIATION  
NOMINEE'S CLAIM FORM

Date:

To

The Chairman / Hon. Secretary

S.S.S. I.R.I.A.

Sub: Death of Dr. \_\_\_\_\_

S.S.S. I.R.I.A. Membership No. \_\_\_\_\_

Dear Sir,

I regret to inform you that I lost my \_\_\_\_\_ Dr. \_\_\_\_\_  
\_\_\_\_\_ on date \_\_\_\_\_.

I am the first nominee of him/ her. I submit herewith the following documents for your office purpose & ready reference. I request you to send the A/C payee Cheque of death fraternity benefit, payable in favor of my name at earliest.

Documents:

1. Original SSS- IRIA membership certificate
2. Attested photocopy of Death certificate
3. Photocopy of receipt of last D.F.C. payment.
4. Photocopy of photo ID of claimant nominee

Please do the needful and oblige,

Thanking you,

Yours Sincerely,

(Signature of Nominee)

Name & Address of the nominee :