



अन्तर्राष्ट्रीय वैश्य महासम्मेलन®

International Vaish Federation

Connecting Vaish world over For community Empowerment

H.O.: 516, DLF Star Tower, Sector-30, Gurugram, Haryana-122001

Website : www.vaishivf.com • Facebook : www.facebook.com/VaishIVF

Mob.: 9770010101 E-mail : info@vaishivf.com



स्व. रामदास अग्रवाल जी
संस्थापक अध्यक्ष

APPLICATION FORM FOR IVF RELIEF FUND IN THE CATEGORY OF "BUSINESS"

Application for Amount in Rs.:

Photo of the
Applicant

- Name of the Applicant : _____
- Name of the Spouse : _____
- Name of the Father / Mother : _____
- Complete Postal Address : _____
City / Town : _____
District : _____
State : _____ Pin _____
- Contact Details (Self) : Mob. _____ E-mail _____
- Date of Birth : _____ Age _____
- Cast : _____ Gotra _____
- Qualifications (Self) :

| Degree / Diploma / Certificate | University / Institution | Year of Passing |
|--------------------------------|--------------------------|-----------------|
| | | |
| | | |
| | | |
| | | |

9. Family Income :

| Name | Relationship with Applicant | Occupation | Annual Income |
|------|-----------------------------|------------|---------------|
| | | | |
| | | | |
| | | | |

10. Name of your Firm : _____
Business (New or Existing) : _____
Type of Business : _____
Business Address : _____
Describe your Business
Activities How you will do : _____

11. Bank Account Details :
Account No. : _____
Name of the Bank : _____
Branch Address : _____
IFSC Code : _____

12. Re-contribution : Maximum moratorium : 2 years Contribution in 3 years Total Period = 5 years
I need moratorium in _____ months.
I need contribution time _____ months.
My quarterly contribution will be Rs. _____

13. Business KYC :
1. PAN Card No. : _____
2. Aadhar Card No. : _____
3. GST, if any : _____

14. Business SWOT Analysis :
Strengths : _____

Weaknesses : _____

Opportunities : _____

Threats : _____

If you want to write something :

DECLARATION

I declare that the above details and information provided by me are true to the best of my knowledge and belief. I do solemnly confirm and declare to adhere this policy of one assistance only and will not violate knowingly or unknowingly this terms .

Date : _____

Signature : _____

Place : _____

Name : _____

DETAILS OF PROPOSER :

DETAILS OF GUARANTOR / GUARDIAN / SPOUSE

Name : _____

Name : _____

Mob. _____

Mob.: _____

E-mail : _____

E-mail : _____

Address : _____

Address : _____

Signature : _____

Aadhar No. : _____

Signature : _____

DETAILS OF REFERENCER 1.

DETAILS OF REFERENCER 2.

Name : _____

Name : _____

Mob.: _____

Mob.: _____

E-mail : _____

E-mail : _____

Address : _____

Address : _____

Aadhar No. : _____

Aadhar No. : _____

Signature : _____

Signature : _____

TERMS AND CONDITIONS :

1. Please be informed that only those candidates are eligible for the Financial Assistance in the Category of "Business" whose belonging to economically weaker section of Society (The Total Income of Self & Parents etc. from all sources should be less than Rs. 3 Lakhs Per Annum) only.
2. IVF decision cannot be challenged in any manner and no further clarifications will be given in this regard.
3. Applications to be sent by E-mail : info@vaishivf.com and to be followed hard copy by post at International Vaish Federation's Head Office.: 516, DLF Star Tower, Sector-30, Gurugram, Haryana-122001, Mob.: 9770010101.

NOTE : Please submit these documents :

- < Family Income Proof
- < KYC
- < Photographs of your Shop / Business Plan
- < Any other documents