



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.: 977001010 E-mail : info@vaishivf.com



स्व. रामदास अग्रवाल जी
संस्थापक अध्यक्ष

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

Application for Amount in Rs.:

Photo of the
Applicant

- Name of the Applicant : _____
(Family Member Only)
- Relationship with the Student : _____
- Contact Details of the Applicant : Mob.: _____ E-mail _____
- Name of the Student : _____
- Contact Details of the Student : Mob.: _____ E-mail _____
- Father's Name : _____
- Mother's Name : _____
- Complete Postal Address : _____
City / Town : _____
District : _____
State : _____ Pin _____
- Date of Birth of Student : _____ Aadhar No. _____
- Cast : _____ Gotra _____
- Qualifications :

Degree / Diploma / Certificate	University / Institution	Subjects	Year of Passing	% of Marks Obtained

12. Family Income :

Name	Relationship with Student	Occupation	Annual Income

13. About Yourself :

Strengths : _____

Hobbies : _____

Others : _____

14. Describe what do you want to achieve in your life :

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. The interest free assistance amount given to me will be re-contribute in 12 quarterly contribution after 6 months from completion of my education / starting of business / joining of any service (whichever is earlier).

Date : _____

Signature of the Student : _____

Place : _____

Signature of the Father : _____

Signature of the Mother : _____

If you want to write something :

DETAILS OF PROPOSER :**DETAILS OF GUARANTOR / GUARDIAN**

Name : _____

Name : _____

Mob. _____

Mob.: _____

E-mail : _____

E-mail : _____

Address : _____

Address : _____

Aadhar No. : _____

Signature : _____

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 Education whose belonging to economically weaker section of Community (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 :

- < All Educational Documents
- < Family Income Proof
- < Copy of the Aadhar Card