

**VAISHWIK KSHATRIYA MAHASABHA Regd.)  
NEW DELHI**

**Application form for GRANT OF MEMBERSHIP OF V.K. MAHASABHA (Regd.)**

1. Name of Applicant: .....  
(In Capital Letter)

1a. Father's/Husband's Name: .....

1b. Date of Birth: .....

2. State: .....

3. District: .....

4. Associate Membership No.:.....  
(For office use only)

5. Residential Address:.....  
.....

Phone No. (R): ..... (M): .....

E-mail: .....

6. Blood Group: .....

7. Membership Subscription/voluntary contribution vide cheque/D.D.

No..... Bank .....

Amount ..... Date .....

**Note:** Membership subscription or any voluntary contribution will be accepted by cheque/D.D. only in favour of "VAISHWIK KSHATRIYA MAHASABHA" payable at New Delhi, as the cash payment is strictly prohibited. In case of cash payment, the membership application shall be deemed to be rejected. I also undertake that I am not the member/office bearer of similar objective's organization.

**DECLARATION**

It is certified that the above particulars are true to the best of my knowledge and believe and further undertake to abide by the rules and regulations of "VAISHWIK KSHATRIYA MAHASABHA".

Date:

Place:

.....  
(Name & Signature of the Applicant)

