



## FORMAT NO: CL-03

### NEW CLUB INFORMATION

Name of the New Club: .....

Sponsored by : .....

Zone: ..... Region: ..... District: V.....J

Day & Date of Inauguration: .....

Inaugurated by (Chief Guest): .....

Extension Chairman : .....

### POSTAL ADDRESS

#### **PRESIDENT**

Name : Aryan.....

S/o/W/o/D/o : .....

Mobile : .....

Date of Birth : ..... DOM .....

Address : .....

: .....

#### **GENERAL SECRETARY**

Name : Aryan.....

S/o/W/o/D/o : .....

Mobile : .....

Date of Birth : ..... DOM .....

Address : .....

: .....

#### **TREASURER**

Name : Aryan.....

S/o/W/o/D/o : .....

Mobile : .....

Date of Birth : ..... DOM .....

Address : .....

: .....

Signature of Treasurer

Signature of President

Signature of Secretary



## FORMAT NO: CL-06

### MEMBERSHIP TRANSFER FORM

To,  
The General Secretary  
VJ .....

I.....member of VJ .....my  
Membership Number ..... Hereby request you to transfer my Membership to  
VJ.....I am requesting to transfer my Membership due to the  
following reasons .....

#### Details of the Membership:

1. Name : .....
2. S/O | W/O | D/O : .....
3. Mobile : .....
4. Age : .....
5. Date of Birth : .....
6. Educational Qualification : .....
7. Aadhar No : .....
8. Name of Spouse : .....
9. DOB of Spouse : .....
10. No of Children : .....
11. Profession : .....
12. Address : .....  
.....  
.....
13. Email Id : .....

Date:

Signature of the Applicant

Signature of Treasurer

Signature of President

Signature of Secretary



## FORMAT NO: CL-01

### ORIENTATION MEETING REPORT

1. Name of the Town New Club Proposed : .....
2. Located in Mandal : .....
3. Revenue District : .....
4. Name of the Sponsoring Club : .....
- Club Code ..... Zone.....Reg.....Dist: V.....J
5. Name of the Extension Chairman : .....
6. Venue of the Orientation Meeting : .....
- Day .....Date.....Time.....
7. No of members Present : .....
8. No of Vysya Families in Town : .....
9. Names of the District Officers Attend : .....
- .....
- .....
10. Names of Sponsored Club Officers : .....
- Attend .....
- .....
11. Subject Dealt during Orientation : History of Organisation Movement, Aims & Objects  
Financial Obligation, Awards, Programmes & Projects.
12. No. of Members to Join : .....
13. Any other Service Organisations : .....
- In Town(Local/National/International) .....

Sponsoring Club President

Extension Chairperson

Name: .....

.....

Signature: .....

.....

Copy to: International Secretariat



## FORMAT NO: CL-02

### MEMBERSHIP FORM

Photo

**Membership Number:** .....  
**Lifetime Membership ( Rs 3000/-) :** .....  
**Annual Membership ( 300/-) :** .....

To

The General Secretary / Vasavi Jagruti Club .....

I hereby submit my application with the following details for Membership in Vasavi Jagruti club ..... I hereby agree to abide by the Constitution / Byelaws of Vasavi Jagruthi International. I undertake to willingly participate in all club service activities to serve the community and people of India.

Club Name: VJ ..... Club Code: .....

Zone: ..... Region ..... Dst : V.....J

1. Full Name of Member : .....
2. S/o/W/o/D/o : .....
3. Mobile : .....
4. Date of Birth : ..... Date of Marriage .....
5. Education : .....
6. Name of Spouse : .....
7. DOB of Spouse : .....
8. Gothram : .....
9. Blood Group : .....
10. No. of Children : .....
11. Email id : .....
12. Address : .....

Details of Payment / Demand Draft / Online Transfer Details:-

Transfer details UTR No:.....

Transaction Date : .....

**Date:** .....

**Signature of Applicant** .....



# VASAVI JAGRUTI INTERNATIONAL

(Reg No. 113/2024)



## FOUNDER MEMBER FORM

PHOTO

Name of the Founder Member : An .....

Founder No: .....Membership No .....

Club Name:.....Zone.....Region..... Dist V.....J

1. Full Name of the Member : .....
2. S/o/W/o/D/o : .....
3. Mobile No : .....
4. Date of Birth : ..... DOM : .....
5. Blood Group : .....Gothram .....
6. Aadhar No : .....
7. Profession : .....
8. Name of Spouse : .....Spouse DOB .....
9. Address : .....
- .....
- .....

Place : .....

Date : .....

**Signature of Applicant**

(P.T.O)



# Vasavi Jagruti International

An ISO 9001:2015 Certified Service Organisation

Reg No: 113/2024



## KALYANAMASTU FORM

Bride's Father Name : .....

Profession : .....

Bride's Mother Name : .....

Guardian (Optional) : .....

Contact No. : ..... Relation : .....

Full Name of the Bride : .....

Bride Date of Birth : .....

Gothram : ..... Profession : .....

Address : .....

.....

Groom's Father Name : .....

Profession : .....

Groom's Mother Name : .....

Contact No. : ..... Relation : .....

Full Name of the Groom : .....

Groom Date of Birth : .....

Gothram : ..... Profession : .....

Address : .....

.....

### **Applicant's Declaration:**

1. The information furnished above is true.
2. I hereby request Vasavi Jagruti International to perform the marriage of the above said couple.

Applicant Signature : .....

Signature of President

Signature of Governor

Signature of ICC officer

**Note: Please Add both Bride & Groom photos, and Aadhar Xerox to the Application.**

# VASAVI JAGRUTI INTERNATIONAL

(Reg No. 113/2024)



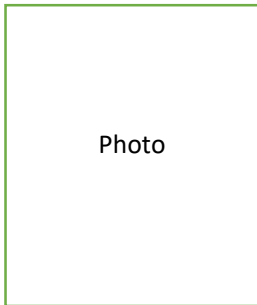
## FORMAT NO : CL -04

### PRESIDENT, SECRETARY, TREASURERS ELECTED FOR SUCCEEDING YEAR

The following format to be filled by the General Secretary of the Club for the year ----- and send the copies to International Secretariat.

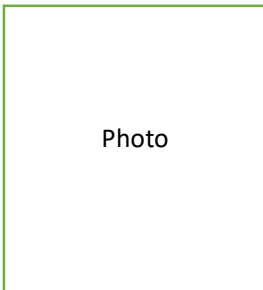
Name of the Vasavi Jagruti Club.....Zone.....Reg.....Dist V.....J  
Bank Name.....Branch.....  
A/c No .....IFSC Code .....

#### President



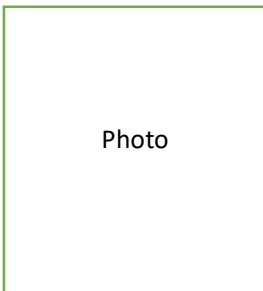
Name :Aryan.....  
S/o/W/o/D/o :.....  
Mobile :.....  
Date of Birth :..... DOM :.....  
Address :.....  
Membership No: .....

#### General Secretary



Name :Aryan.....  
S/o/W/o/D/o :.....  
Mobile :.....  
Date of Birth :..... DOM :.....  
Address :.....  
Membership No: .....

#### Treasurer



Name :Aryan.....  
S/o/W/o/D/o :.....  
Mobile :.....  
Date of Birth :..... DOM :.....  
Address :.....



Membership No: .....

Treasurer

President

Secretary

An.....

An.....

An.....

# VASAVI JAGRUTI INTERNATIONAL

(Reg No. 113/2024)



## VASAVI JAGRUTI FELLOWSHIP

### VJF DONOR FORM

Photo

Name of the VJF Donor : An .....

Category: ..... Amount.....

Membership No .....

Club Name:.....Zone.....Region..... Dist V.....J

1. Full Name of the Member : .....

2. S/o/W/o/D/o : .....

3. Mobile No : .....

4. Date of Birth : ..... DOM : .....

5. Blood Group : .....Gothram .....

6. Aadhar No : .....

7. Profession : .....

8. Address : .....

.....

.....

Place : .....

Date : .....

**Signature of Donor**