



Vasavi Clubs International®

Plot No.21, Near Childrens Park, Sreepuri Colony, Kakhaguda, Karkhana,
Secunderabad-500 015, Phone : 040-29301505, 040-29301506, 040-29301507,
Website: www.vasaviclubs.org E-mail: vasaviclubs.org@gmail.com



VKSP Allotment Number.....

VASAVI KUTUMBA SURAKSHA PADHAKAM - NORMAL NEW MEMBER APPLICATION FORM (FILLING UP OF ALL FIELDS IS MANDATORY)

PLEASE
PASTE A
PHOTO
TAKEN WITHIN
3 MONTHS

- Name of the Applicant/Member : Vn.....
- Full Name of Father / Husband :
- Date of Birth :
- Gotram :
- Vasavi Club Permanent Membership No :
- Home Club details : Vasavi Club
Club Code Region Zone Dist.V.....A
- Address of the Member :
ID Proof : PAN Card / Driving License (Tick any one & Enclose Xerox)
Address Proof : AADHAR / PASSPORT Copy / Bank Passbook Copy (Tick any one & Enclose Xerox)
E-mail id :
Phone Numbers : Cell(Not be changed)
Landline STD.....Phone.....
Aadhar Card Number :
- a) Have you ever suffered/Are you suffering with the ailments pertaining to diseases mentioned below?
Liver Lungs Leprosy Hepatitis B or AIDS/HIV Kidney Brain
Hernia Nervous System Heart Disease Hydrosis Cancer
Other than above, any other diseases with which you are Suffering permanently or for a While?
.....
- Name of the Nominee :
- Age of the Nominee :Relationship with the Member:.....
- Details of Credit in the account (Payment details comprehensively)

Payment Details : Personal Cheque/DD Cashable
at Hyderabad, the new application through the club.

Details of Credit in the account (Payment details
comprehensively)

The details given above regarding my health are accurate.

I will abide by the rules and regulations of Vasavi Kutumba Suraksha Padhakam being implemented
by Vasavi Clubs International from time to time.

I inform that I will accept any additions or changes that are made in the Scheme by VCI at any point of time.

I request that my application is reviewed and I be admitted as a member of Vasavi Kutumba Suraksha
Padhakam with effect from the date of Number allotment.

Signature of Club President(With date)
(Membership No.)

Signature of IEC Officer(With date)
(Membership No.)

Signature of Applicant(With date)
(Membership No.)

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Acceptance / Rejection of VKSP Membership is sole discretion of VCI

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Please Turn Over for Terms & Conditions

VASAVI KUTUMBA SURAKSHA PADHAKAM (VKSP)

TERMS & CONDITIONS

1. The applicant shall be an enrolled member of VCI through any Vasavi Club at the time of submitting the application for the VKSP scheme and shall be paying Annual activity fund every year without break and his/her name shall be reflected in Form 1006 (Except the Staff Members of VCI). If home club is closed in future for any reason, the membership should be continued at any of the nearby clubs upon submission of transfer form (1007).
2. VKSP member Annual Activity Fund should have paid before 31st March every year.
3. New VKSP member should pay an amount of Rs.3000/- (Rs.1000/- towards VKSP Corpus Fund and Rs.2000/- towards their individual Contingency liability account. It is the obligation of the member to maintain minimum amount of Rs.2000/- in their respective VKSP contingency liability account.
4. (a) Any club member's age limit is restricted to 61 years for joining as on date of VKSP ID No. allotment.
(b) VKSP member is eligible for benefits after completion of 2 years from membership allotment date (except accidental death).
5. (i) On demise of each VKSP member, an amount of Rs.100/- (For Natural Death) and Rs.200/- (For Accidental Death) will be debited to the individual VKSP contingency account of remaining VKSP members.
(ii) Payment of dues in lumpsum amounts into VKSP fund account before one month of death of the member will not be considered for setting the claims. Remittances one day before or on date of demise also not accepted.
6. It is the responsibility of the member to see that there would not be any dues pending in VKSP fund account at any point of time and also to verify their balance in website or mobile app from time to time. **If the dues of any member exceeds Rs.500/- the VKSP membership will automatically cancelled without giving any notice.** If such member wishes to rejoin, they have to pay again Rs.3000/- and will be treated as New Member in VKSP.
7. The member shall appoint a nominee in the column given in the application. In case the given nominee expires before the death of the member or any change in Nominee, the member has to re-nominate a person by way of written communication to VCI in prescribed Format for change of Nominee.
8. Any change in the address or phone number of the members they shall inform the same to VCI in writing.
9. (a) The amount payable to the Nominee depends on the number of active members (having credit balances in their respective VKSP contingency liability account) as on the date of the settlement of death claim.
(b) In case of accidental death, other members has to pay Rs.200/- each instead of Rs.100/- and amount payable to the Nominee of the deceased also enhances proportionately.
(c) Suicidal deaths are not eligible for any benefits of the scheme at any time.
(d) The Mentally retarded persons are not eligible to join in the scheme
(e) In case any member suppresses the health conditions at the time of entry in the scheme & found guilty on enquiry after demise. the benefits will be denied by VCI (Column No.8 of application need to filled compulsorily)
10. The International President or Committee Constituted by the International President, if any, for the settlement of claims will scrutinize the claim application and only on their satisfaction the claim amount will be settled.
11. Accepting/Rejecting of any Application is subject to the discretion of VCI.
12. Any disputes arising in the scheme are subject to Hyderabad Jurisdiction only.
13. **Very Important point - Members to remember always**
Member has to furnish remittance details to VCI by email (vksp.vci@gmail.com) within a week time to credit into their account. Please note the following Bank Particulars for all your future remittances.

State Bank of India, Gandhi Nagar Branch, Hyderabad
A/C No.33831961476, IFS Code : SBIN0020766

X
Signature of the Applicant

OFFICE USE

Verified the Correctness of Application

Accepted / Rejected

**Staff
Date:**

C.E.O.

VKSP Chairman

**International President, VCI
Date:**

VKSP Incharge Signature :