FOR CHENNAI PEOPLE
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Jai Vasavi

FOR MORE DETAILS CONTACT
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Registration No: 4/45/2025

ARYA VYSYA CHARITABLE AROGYAA FOUNDATION

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Cell: 94431 22845 Email : avcaf25@gmail.com Website: www.avcaf.org

IDENTITY CARD APPLICATION FORM

(FILL ALL THE COLOUM IN CAPITAL LETTERS)

Affix Recent Passport Size Photo

NAME : _____

FATHER NAME : _____

HUSBAND / WIFE NAME : _____

GOTHRAM : _____

DATE OF BIRTH : D D M M Y Y Y Y AGE: _____

GENDER : MALE / FEMALE BLOOD GROUP : _____

MARITAL STATUS : MARRIED / SINGLE / WIDOW

AADHAR NUMBER : _____

PERMANENT ADDRESS : _____

: _____

: _____

DISTRICT _____ PIN: _____

CONTACT DETAILS : MOBILE : _____ WHATSAPP _____

: EMAIL ID _____

PROFESSION : _____

REFERENCE BY AVMS : NAME _____

(TOWN/DISTRICT PRESIDENT) : DESIGNATION : _____ MOBILE _____

MEMBERSHIP FEES DETAILS : _____

(CHEQUE / UPI / ONLINE - PAYMENT DATE / REFERANCE NUMBER)

I _____ declare that all the information provided above is true.

☐ I accept all the Terms & Conditions of AVCAF.

(Please ✔ the Box)

Date :

Place :

Signature

ARYA VYSYA CHARITABLE AROGYAA FOUNDATION
A/C NO-1648153000001761 kVB Mannargudi
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