

ALL GUJARAT VETERINARIANS' SOCIAL SECURITY TRUST

(Registration No. F / 6715 / Ahmedabad , Dated : 24-11-1998 and
Guj / 6871 / Ahmedabad , Dated : 24-11-1998)
E-mail: agvsst1998@yahoo.com, Website: www.agvsst.com

C/o Directorate of Animal Husbandry
Block - B , Krishi Bhavan
Sector : 10 - A
Gandhinagar - 382 010
Gujarat State

Phone : (079) 23256135 , 23256235 , 23256141- 42 - 43

FOR OFFICE USE ONLY

AGVSST NO. :

**CERTIFICATE
POSTED ON :
(DATE)**

APPLICATION FORM

(TO BE FILLED IN BY CAPITAL LETTERS)

1. SURNAME :		AFFIX YOUR PASS PORT SIZE PHOTOGRAPH
2. FIRST NAME :		
3. FATHER'S / HUSBAND'S NAME :		
4. SEX :		
5. DATE OF BIRTH (DD / MM / YYYY) :		
6. AGE (in completed years) :		
7. QUALIFICATION :		
8. G.V.C. REGISTRATION NO. :		
9. EMPLOYED OR UNEMPLOYED OR RETIRED :		
IF EMPLOYED, :		
10. 1. NAME OF INSTITUTE / ORGANISATION :		
2. PLACE OF INSTITUTE / ORGANISATION :		
3. DESIGNATION :		
11. PRESENT COMMUNICATION ADDRESS :		

PLACE :	_____	TALUKA : _____
DISTRICT :	_____	PIN : _____
TEL. NO: () _____	(O), () _____	(R) _____
MOBILE NO. :	_____	E-mail _____

12. PERMANENT COMMUNICATION ADDRESS :

PLACE : _____ TALUKA : _____

DISTRICT : _____ PIN : _____

TEL. NO: () _____(O), () _____(R)

MOBILE NO. : _____ , _____ .

DETAILS OF FEES PAID

1. Demand Draft / Cheque No. :

2. Date :

3. Amount :

4. Bank :

5. Branch :

Place : _____

Date : _____

Signature of the Applicant

D E C L A R A T I O N

1. I do hereby declare that the above information is true and I have withheld no information whatsoever regarding the application. The **Nomination Form (Page – 3)** has been duly filled in correctly.
2. I further agree to abide by the conditions, laid down in the **Constitution** of the Trust and amendments, if any, made thereon from time to time.
3. Necessary documents, as mentioned in **Annexure – 1 (Page – 6)**, are enclosed herewith.
4. I understand that furnishing false / incorrect / wrong information, if found at any point of time, shall render the Application / Membership cancelled.
5. I further declare that in the event of paying insufficient fees, the Trust has got full authority to reject my Application, if I fail to comply as per instructions from the Trust to pay requisite amount of fees.

Place : _____

Date : _____

Signature of the Applicant

NOMINATION FORM

AFFIX
NOMINEE
PASS PORT
SIZE
PHOTOGRAPH

(A) I hereby declare following member/s of my family as the NOMINEE / NOMINEES as shown in **Table - 1** below :

Table - 1

Sr. No. on Priority Basis	Name Of Nominee	Date Of Birth of the Nominee	Relation Of The Member with the Nominee	% of the amount to be given to the Nominee	Signature Or Left Thumb impression of The Nominee	Signature of Guardian or Parent, if the Nominee is below 18 years on the date of signing this Nomination Form
1	2	3	4	5	6	7

N.B.: It is likely that the member may not wish to give all the benefit amount to only one of his / her nominees. The member may wish to distribute the benefit amount among more than one nominees. In this case, please mention the % of the benefit amount to be given to each nominee in Column No.5 above.

(B) It is also likely that the member may wish to give some part of benefit amount or the entire benefit amount to any kind of institute (like Charity Trust, Temple, Orphanage etc.). In such cases, if you wish so, please give your details in **Table - 2** below :

Table - 2

Sr. No. on Priority Basis	Name Of Institute	Detail Address (Place, Taluka , District , Pin Code No., Phone No., Fax No., Mobile No. ...etc)	% of the amount to be given to the Institute
1	2	3	4

Kindly note that the nominations can be changed at any time. The latest nomination shall be considered as final and all previous nomination/s shall be considered as cancelled automatically.

Place : _____

Date : _____

Signature of Member

Table – 3

Fees to be paid from 01- 04 - 2013

Sr. No.	Age in Completed Years (on Date of Application)	FEES TO BE PAID THROUGH		FEES TO BE PAID THROUGH	
		(1)	(2)	(1)	(2)
		(1) Demand Draft	(2) Cheque of "AT PAR" bank	(1) Cheque of such a bank which is located OUTSIDE Ahmedabad / Gandhinagar	(2) Cheque of such a bank which is located AT Ahmedabad / Gandhinagar
1	21	4700	4800	4800	4700
2	22	4800	4900	4900	4800
3	23	4900	5000	5000	4900
4	24	5000	5100	5100	5000
5	25	5100	5200	5200	5100
6	26	5200	5300	5300	5200
7	27	5300	5400	5400	5300
8	28	5400	5500	5500	5400
9	29	5500	5600	5600	5500
10	30	5600	5700	5700	5600
11	31	5800	5900	5900	5800
12	32	6000	6100	6100	6000
13	33	6200	6300	6300	6200
14	34	6400	6500	6500	6400
15	35	6600	6700	6700	6600
16	36	6800	6900	6900	6800
17	37	7000	7100	7100	7000
18	38	7200	7300	7300	7200
19	39	7400	7500	7500	7400
20	40	7600	7700	7700	7600

Table – 3

Fees to be paid from 01- 04 - 2013

Sr. No.	Age in Completed Years (on Date of Application)	FEES TO BE PAID THROUGH		FEES TO BE PAID THROUGH	
		(1)	(2)	(1)	(2)
		(1) Demand Draft		(1) Cheque of such a bank which is located OUTSIDE Ahmedabad / Gandhinagar (Outstation Cheque)	
		(2) Cheque of "AT PAR" bank			
		(3) Cheque of such a bank which is located AT Ahmedabad / Gandhinagar			
1	2	3		4	
21	41	8400		8500	
22	42	8900		9000	
23	43	9400		9500	
24	44	9900		10000	
25	45	10400		10500	
26	46	10900		11000	
27	47	11400		11500	
28	48	11900		12000	
29	49	12400		12500	
30	50	12900		12900	
31	51	13900		14000	
32	52	14900		15000	
33	53	15900		16000	
34	54	16900		17000	
35	55	17900		18000	

*** MEMBERSHIP IS NOT OFFERED ABOVE THE COMPLETED AGE OF 55 YEARS.**

Annexure - 1

Please Note :-

1. Demand Draft or Cheque should be drawn in favour of **ALL GUJARAT VETERINARIANS' SOCIAL SECURITY TRUST.** Fees paid by Money Order or in Cash shall not be accepted in any circumstances.
2. Demand Draft or Cheque must be **CROSSED** and addressed as **ACCOUNTS PAYEE ONLY.**
3. Kindly send Demand Draft or Cheque by **REGISTERED POST A.D. ONLY,** if sent by post.
4. For Birth Date verification , please enclose photo copy of either (a) Birth Certificate , (b) School Leaving Certificate or (c) S.S.C. Passing Certificate.
5. For verification of G.V.C Registration number , please enclose photo copy of Gujarat Veterinary Council's Registration Certificate.
6. It is advisable to keep photocopies of these 6 pages and preserve them for your personal record.
7. It is also advisable to maintain a separate file in context to this Application Form and future further correspondences.
8. You can directly deposit the membership fees/DFC to the account name : **ALL GUJARAT VETERINARIANS' SOCIAL SECURITY TRUST,** Account no. **09332010004840** in Oriental Bank of Commerce and account number: **10041627994** in State Bank of India.