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FORM NO.	F-	DATE
AGENT CODE	DIRECT	AGENT NAME
MANAGER CODE	DIRECT	MANAGER NAME

(PLEASE FILL THE FORM IN BLOCK LETTERS ONLY)

FAMILY MEMBERSHIP FORM

PERSONAL DETAILS - HEAD OF THE FAMILY

NAME		MNAME		SURNAME	
CATEGORY (GYNATI)					
AGE	BDATE	M/F	BLOOD GROUP	DONOR	YES/NO
QUALIFICATION	OCCUPATION				
FATHERS NAME	AGE				
MOTHERS NAME	AGE				
FAMILY NAME	VADO NAME				
VILLAGE	FAHRIYO				
KULDEVI					

PERSONAL DETAILS OF SPOUSE

NAME		MNAME		SURNAME	
AGE	BDATE	M/F	BLOOD GROUP	DONOR	YES/NO
QUALIFICATION	OCCUPATION				
FATHERS NAME	AGE				
MOTHERS NAME	AGE				
FAMILY NAME	VILLAGE				
VADO NAME	FAHRIYO	ANNIV. DATE			

DETAILS OF SONS AND DAUGHTERS

NO.	NAME	M/F	AGE	VILLAGE OF SPOUSE	AREA	TEL. NOS.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

RESIDENTIAL ADDRESS

ADDRESS			
AREA		CITY	
STATE		PINCODE	
TEL. NOS.		EMAIL ID.	

BUSINESS ADDRESS

NAME OF THE COMPANY			
ADDRESS			
AREA		CITY	
STATE		PINCODE	
TEL. NOS.		EMAIL ID.	
		FAX NO.	

NATIVE PLACE ADDRESS

TEL. NOS.			
VILLAGE	FAHRIYO	TALUKA	
STATE		PINCODE	

DETAILS OF BROTHERS & SISTERS

NO.	NAME	M/F	AGE	VILLAGE OF SPOUSE	AREA	TEL. NOS.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

A PERSONAL DETAILS OF CHILDREN

NAME		MNAME		SURNAME	
AGE	BDATE	M/F	BLOOD GROUP	DONOR	YES/NO
QUALIFICATION	OCCUPATION	MARITAL STATUS			
RELATION TO HEAD OF THE FAMILY					

AS DETAILS OF THE SPOUSE

NAME		MNAME		SURNAME	
AGE	BDATE	M/F	BLOOD GROUP	DONOR	YES/NO
QUALIFICATION	OCCUPATION	MARITAL STATUS			
RELATION TO HEAD OF THE FAMILY				ANNIV. DATE	
FATHERS NAME		VILLAGE		FAHRIYO	
MOTHERS NAME					

DETAILS OF THE CHILDREN

NO.	NAME	BDATE	GENDER	QUALIFICATION	BLOOD GROUP	DONOR
AC1.						YES/NO
AC2.						YES/NO
AC3.						YES/NO

B PERSONAL DETAILS OF CHILDREN

Page 3-4

NAME										MNAME					SURNAME				
AGE		BDATE		M/F		BLOOD GROUP		DONOR	YES/NO										
QUALIFICATION					OCCUPATION					MARITAL STATUS									
RELATION TO HEAD OF THE FAMILY																			
BS DETAILS OF THE SPOUSE																			
NAME										MNAME					SURNAME				
AGE		BDATE		M/F		BLOOD GROUP		DONOR	YES/NO										
QUALIFICATION					OCCUPATION					MARITAL STATUS									
RELATION TO HEAD OF THE FAMILY										ANNIV. DATE									
FATHERS NAME					VILLAGE					FAHRIYO									
MOTHERS NAME																			
DETAILS OF THE CHILDREN																			
NO.	NAME					BDATE	M/F	QUALIFICATION					BLOOD GROUP					DONOR	
BC1.																		YES/NO	
BC2.																		YES/NO	
BC3.																		YES/NO	

C PERSONAL DETAILS OF CHILDREN

NAME										MNAME					SURNAME				
AGE		BDATE		M/F		BLOOD GROUP		DONOR	YES/NO										
QUALIFICATION					OCCUPATION					MARITAL STATUS									
RELATION TO HEAD OF THE FAMILY																			
CS DETAILS OF THE SPOUSE																			
NAME										MNAME					SURNAME				
AGE		BDATE		M/F		BLOOD GROUP		DONOR	YES/NO										
QUALIFICATION					OCCUPATION					MARITAL STATUS									
RELATION TO HEAD OF THE FAMILY										ANNIV. DATE									
FATHERS NAME					VILLAGE					FAHRIYO									
MOTHERS NAME																			
DETAILS OF THE CHILDREN																			
NO.	NAME					BDATE	M/F	QUALIFICATION					BLOOD GROUP					DONOR	
CC1.																		YES/NO	
CC2.																		YES/NO	
CC3.																		YES/NO	

TERMS & CONDITIONS

- MEMBERSHIP FEES ARE NON REFUNDABLE AND NON TRANSFERABLE UNDER ANY CIRCUMSTANCES.
- ANY CLAIMS ARISING CANNOT EXCEED THE MEMBERSHIP FEES UNDER ANY CIRCUMSTANCES.
- MANUAL ERRORS LIKE TYPING MISTAKES MAY HAPPEN WHICH WILL BE RECTIFIED IF BROUGHT TO NOTICE.
- ANY MISUSE OF THE INFORMATION BY PUBLIC WILL NOT BE THE RESPONSIBILITY OF **ASANJOKUTCH.COM**.
- ALL DISPUTES BINDING ASANJOKUTCH.COM AND ITS PROMOTERS WILL BE LIMITED TO THE MUMBAI JURISDICTION.
- ANY UPDATES OR CORRECTION WILL BE MADE AS PER YOUR CONSENT IN WRITING TO US, SENT TO OUR OFFICE ONLY **IF YOUR CODE NO.(FORM NO.) IS MENTIONED IN THAT.**
- ALL CORRESPONDENCE SHOULD BE MADE ALONG WITH YOUR CODE NO. (FAMILY FORM NO.)
- ONLY PASSPORT SIZE PHOTOGRAPHS WILL BE ACCEPTED.**

MEDICLAIM DONE	YES / NO		
LIFE INSURANCE			
ANY VEHICLE			
ANY CREDIT CARD	IF YES- VISA/MASTER/AMERICAN EXPRESS		
COMPUTER AT HOME	YES / NO	COMPUTER AT OFFICE	YES / NO
ANY ADDITIONAL INFORMATIONS			

DECLARATION

I/We hereby declare that we have read the terms and conditions and I/We on our own have furnished the details filled above. I/We understand that this information is going to be made available to the public on the internet, and that I/We will not hold responsible **AsanjoKutch.com** for any misuse of this information by anybody else. I/We also state that the information is true to the best of my knowledge while giving to **Asanjokutch.com**. I/We also understand that this information is sole property of **Asanjokutch.com**, and it can be used for any promotional activity in any form of media by **Asanjokutch.com** and that I/We don't have any objection over for the use of this information by **Asanjokutch.com**.

FORM NO. F-

AGENT CODE	DIRECT	AGENT NAME	DIRECT
MANAGER CODE	DIRECT	MANAGER. NAME	DIRECT

Mr./Mrs/Ms. _____

Rupees _____ Rs. _____

Cheque/D.D number _____ Drawn on Bank _____

(Payment to be made by account payees in favour " M/s. Asanjokutch.com")

Date _____

SIGNATURE OF APPLICANT