



SWASAM CHARITABLE TRUST

Beginning of a new vision.....

Address: No.9/4, Sadayappan Street, Saidapet, Chennai-600 015.

E-mail ID: swasam2serve@gmail.com

Ph.No:+919600072799

MEMBERSHIP FORM

Reg No :

(For office use only)

/SF/

Name:

D.O.B:

Age:

Gender: ☐ Male ☐ Female

Father/Spouse Name:

Residential Address:

Pin code:

Phone No:

Mobile No:

E-mail ID:

Blood group:

Willing to donate? :- YES\NO

Education Qualification:

STATUS

☐ Self employed ☐ Employed ☐ Student ☐ House wife ☐ Retired

Name of the Institution/Company:

Designation:

Date of Joining:

(For office use only)

Please paste
your passport
size photo
here.....!

P.T.O

Swasam Aims.....

- To pay fees and donate for the study expenses of the poor including for the purchase of text books, uniforms, etc and to meet their hostel and other expenses including higher studies, training or research.
- To award Scholarships, prizes, fellowships, grants and loans and other payments for the purpose of study and research in any and every field of knowledge.
- To donate or pay for the poor and elderly people for their maintenance or donate amount to such organizations, which is running homes for these people.
- To distribute food, books, study materials, medicines, clothing to students, destitute, old aged, orphans, physically challenged persons, mentally challenged students and organizations which are running schools, orphanages etc.
- To acquire or takeover amalgamations or merge with any other trust having same of similar objects.
- To create awareness of general hygiene and to conduct health camps.
- To conduct medical camps for rural/poor people and set up medical centres for treating.

Few Messages from Swasam.....

- The membership contribution should reach the office on or before 5th of every month.
- The membership form should be submitted along with two passport size photo (one photo should be pasted in the form and 2nd photo for the Membership card).
- Taking photo copies of the membership form is prohibited. It will be issued at the office along with seal.
- The membership card of swasam should not be used for any other purposes.
- The receipt for membership contribution will be given at the end of every year (sum of 12 months contribution).

DECLARATION

I wish to be one of the pillars of swasam and I will ensure my full support as

- ☐ **Active member**-I can volunteer myself to the service programs.
- ☐ **Passive member**-I can support swasam only through contribution

DATE:

SIGNATURE