



BARC Officers Welfare Society Visakhapatnam (BOS)

Reg. Office: Flat No. 420, B-Block, Abhirams Touchstone Towers
Kurmannapalem, Visakhapatnam 530046 A.P.

Reg. No.: 413 of 2026 under AP Societies Registration Act, 2001
Website: <https://www.bos.net.in>

MEMBERSHIP APPLICATION FORM

To,

The General Secretary
BARC Officers Welfare Society Visakhapatnam (BOS)

Paste your recent
photo here.

Sir,

I, _____, am pleased to apply for the **PRIME/SENIOR** Membership of
BARC Officers Welfare Society Visakhapatnam (BOS). The details are as follows:

1	Name	
2	Son/Daughter/Spouse of	
3	Date of Birth	
4	AADHAAR Number	
5	Present Address	
6	Permanent Address	
7	Email (Personal)	
8	Mobile	

OFFICE DETAILS (In case of retired officials, his details as on the date of his retirement)		
9	Designation	
10	Employee Number	
11	Pay Level	
12	Date of Joining DAE	
13	Date of Joining BARC (V)	
14	Phone (Office)	
15	Email (Office)	
16	Date of Retirement	
17	Pension Card Number	
18	Educational Qualification	1. 2. 3. 4.
19	Areas of Expertise	
PAYMENT DETAILS		
20	Amount Paid	Rs.
21	Towards	Admission Fee + Annual Subscription Fee
22	Mode of Payment	CASH / ONLINE
23	Transaction Number	
24	Receipt Number	

I, _____, declare that,

1. The information provided above is true to the best of my knowledge and understanding.

2. I shall abide by the constitution, guidelines, rules and regulations of BARC Officers Welfare Society Visakhapatnam (BOS).

Date :

Place : (Signature)

For Office Use Only

Membership Application received from Mr./Ms. _____, is approved / rejected by the Executive Committee in its meeting No. _____ held on _____.

Reasons for rejection (if any):

(General Secretary)

Membership Application received from Mr./Ms. _____, is approved / rejected by the Governing Council in its meeting No. _____ held on _____.

Reasons for rejection (if any):

(General Secretary)

MEMBERSHIP No. (if application approved):

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Refund Details (if application rejected):

(Treasurer / General Secretary)