

CHS 83 Welfare Society
Membership Registration Form
(Please fill up in CAPITAL LETTERS ONLY)



Name: _____ Section in School (1983): _____

D.O.B (Self): _____ Blood Group: _____

Mobile Number: _____ Alternate Mobile Number: _____

Whats App Number: _____ Alternate Whats App No.: _____

Active E-mail ID: _____

Address for Correspondence: _____

Name of Spouse: _____ Blood Group: _____

Date of Marriage Anniversary: _____

8. Present Profession: _____ Designation: _____

Office/ Organization _____ Place _____

Specialization _____

Membership Fees (Put Tick Mark)

(i) Registration Fee (One Time) : Rs. 200/- (Mandatory for all)

(ii) Life Member (One Time) : Rs. 6000/-

(iii) Annual Member (Per Annum) : Rs. 600/-

(iv) Associate Member (Eminent Persons only) : **No Entry Fees**

TOTAL Fees Deposited : Rs _____ (In words) _____

(Enclose transaction Details I.e. Slip Copy / Screen Shoot

Full Signature: _____

Pay Online:

Pay to	CHS 83 WELFARE SOCIETY.
Account Number	20740110044506, IFSC Code: UCBA0002074
Bank	UCO BANK BIDYUT MARG.BHUBANESWAR.