General Body Membership Form

Bargad Society of Human Resources

1. Personal Information

Full Name: _____ **CNIC/Passport No.:** _____

Father's/Husband's Name: _____ **Date of Birth:** ____ / ____ / _____

Gender: ☐ Male ☐ Female ☐ Other **Profession/Occupation:** _____

2. Contact Information

Residential Address: _____

City: _____ **Mobile:** _____ **Email:** _____

3. Membership Information

Type of Membership: ☐ General Member

4. Qualification & Experience

Highest Qualification: _____

Relevant Skills/Experience (if any): _____

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5. Declaration

I hereby apply for membership of **Bargad Society of Human Resources** and declare that the information provided above is true and correct. I agree to abide by the Memorandum of Association (Constitutions), Rules & Regulations, and other policies of the organization. I will actively support and promote the Vision, Mission and Objectives of the organization and perform my responsibilities as a General Body Member with honesty and integrity.

Applicant's Signature: _____

Name: _____

Date: ____ / ____ / _____

For Official Use Only

Membership No.: _____

Membership Approved By: _____

Date of Joining: ____ / ____ / _____

Remarks (if any): _____

Authorized Signature: _____
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