

**BRCM EDUCATION SOCIETY, BAHAL**  
**Application for Membership of Swimming Pool**  
**(For Students only)**

Name: .....S/o.....Roll No. ....

Branch: ..... Hostel: ..... Room No. ....

Membership applied for the session: .....

Home Address: .....

Home Telephone No. with STD Code: ..... Blood Group: .....

I have read and understood all the Rules & Regulations of the Swimming Pool. I shall abide by them. In my failure to do so, I understand that my Membership is liable to be cancelled and fee shall be forfeited.

I am a Non-Swimmer / Beginner / Swimmer.

**Signature of applicant**

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**Remarks of RMO**

I have checked the applicant and found him/ her fit to enter the swimming pool. He /She does not suffer from any contagious disease / skin ailment / epilepsy etc.

**Signature of RMO with seal**

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For registering as a Member of the Swimming.  
Application approved / Not approved

**Principal/Director**

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For use of Accounts Office

Swimming fee received vide receipt No. ....Dated .....

**Signature of Cashier**

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Remarks of Swimming Coach .....

**Signature of Coach**

*(FOR REGISTRAR OFFICE USE)*

Swimming Membership Card No..... for the session ..... issued on .....

**Registrar**

Membership Card received.

Signature of Applicant: