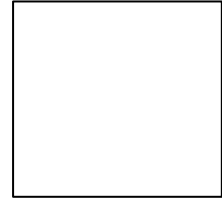


## INFORMATION FOR MEMBERSHIP CARD

Service Number:

Name with Rank :  
(In Capital Letter)



Membership Number:

Mobile No:

Blood Group :

Holder's Signature :



# RETIRED ARMED FORCES OFFICERS' WELFARE ASSOCIATION (RAOWA)

VIP Road, Mohakhali, Dhaka- 1206, Tel : 9860763, 9847658, 9898901, 9898834  
Mob: 01711-054344, E-mail : raowa.office@gmail.com, Web : www.raowa.org

3 (THREE) RECENT PP  
SIZE PHOTO IN CIVIL  
CLOTHES

## MEMBERSHIP APPLICATION FORM

### NOTE :

- a) ALL COLUMNS TO BE FILLED IN CAPITAL LETTERS
- b) TO BE FILLED BY OWN HANDWRITING
- c) TICK WHERE NECESSARY

01. SERVICE NO :	02. RANK :	03. ARMY / NAVY / AIRFORCE																					
04. NAME (IN FULL) :																							
05. DATE OF BIRTH :	06. PLACE OF BIRTH :																						
07. DATE OF COMMISSION :	08. COURSE :																						
09. ANTE DATE SENIORITY :	10. ARMS/BRANCH :																						
11. DATE OF RETIREMENT :	12. AUTHORITY :	(Copy of Retirement Order to be attached)																					
13. PERMANENT ADDRESS :																							
14. PRESENT ADDRESS :																							
15. TEL (OFF) :	TEL (RES) :	MOB :																					
E-MAIL :	Emergency Contact :																						
16. MARITAL STATUS :	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED																					
	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> OTHERS																					
17. NAME OF SPOUSE :	Contact :																						
18. DATE OF BIRTH (SPOUSE) :																							
19. DATE OF MARRIAGE :																							
20. OCCUPATION (SPOUSE) :																							
21. CHILDREN :																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">NAME</th><th style="width: 15%;">SEX</th><th style="width: 25%;">DATE OF BIRTH</th><th style="width: 35%;">OCCUPATION</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				NAME	SEX	DATE OF BIRTH	OCCUPATION																
NAME	SEX	DATE OF BIRTH	OCCUPATION																				
22. TYPE OF MEMBERSHIP :	<input type="checkbox"/> LIFE	<input type="checkbox"/> ORDINARY	<input type="checkbox"/> SPECIAL / HONORARY																				
23. HEIGHT : CMS	24. WEIGHT: KGS	25. BLOOD GROUP :																					

26. EYE COLOUR :
27. IDENTIFICATION MARK :
28. EDUCATIONAL QUALIFICATION :
29. PROFESSIONAL QUALIFICATION :
30. HONOURS AND MEDALS :
31. PRESENT OCCUPATION :  
(WITH DESIGNATION)
32. OFFICE ADDRESS

33. I ENCLOSE HERewith A SUM OF **TK. 10,000/- (TEN THOUSAND)** ONLY  
CASH/CHEQUE (CHEQUE # \_\_\_\_\_) DATE: \_\_\_\_\_  
BANK NAME: \_\_\_\_\_ **AS REGISTRATION FEE AND SUBSCRIPTION FOR  
LIFE/SPECIAL MEMBERSHIP OF THE ASSOCIATION.**

34. I DECLARE THAT ALL PARTICULARS GIVEN FROM SERIAL 01 TO 32 ARE CORRECT AND COMPLETE. I  
HEREBY PLEDGE TO ABIDE BY THE RULES AND REGULATIONS OF RETIRED ARMED FORCES OFFICERS' WELFARE  
ASSOCIATION. I ALSO PLEDGE TO DECLARE THAT I SHALL UPHOLD THE NAME AND FAME OF ARMED FORCES  
ORGANIZATION ABOVE SELF INTEREST. I ALSO DECLARE THAT "I HAVE NOT BEEN PUNISHED FOR ANY  
OFFENCE ON MORAL TURPITUDE IN ANY COURT OF LAW".

DATE :

\_\_\_\_\_  
**SIGNATURE OF THE APPLICANT**

A. APPLICATION FOR MEMBERSHIP: ACCEPTED / WITHHELD / REJECTED / OTHERS

B. COMMENTS (IF ANY) :

**RAOWA NO.**

C. DT OF EC MEETING:

\_\_\_\_\_  
**SIGNATURE OF SECRETARY GENERAL**

\_\_\_\_\_  
**SIGNATURE OF JOINT SECRETARY**

**NOTES:**

01. Please submit the following with this form:

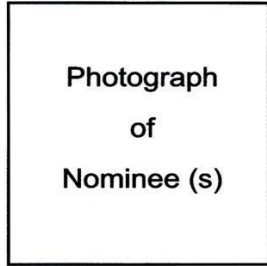
- a. **Copy of Retirement Order.**
- b. **03 Copies of PP size photo.**
- c. **01 Copy of PP size photo of nominee(s).**

02. Deposit **Tk.10,000/-** in cash/Cheque . (Please take an official money receipt from RAOWA).

03. Widow of late member will be automatically special member depositing Tk.100/- with 03 copies of PP size photo.



**APPLICATION FORM**  
**RAOWA FAMILY WELFARE SCHEME**  
**(RAOWA FWS)**



1. RAOWA Number : .....

2. Rank and Name : .....

3. Present Address : .....

4. Permanent Address : .....

5. Phone / Cell : Mob: .....Off:.....Res:.....

6. Name of Nominee(s) : a ..... b .....  
c ..... d .....

7. Relationship of Nominee(s) : a ..... b .....  
c ..... d .....

8. Percentage of Assistance : a ..... b .....  
c ..... d .....

9. Signature of Nominee(s) : a ..... b .....  
c ..... d .....

10. Address of Nominee(s) : a .....  
with phone No & email .....

: b .....  
c .....

Date: .....

.....  
Signature of the Applicant

**Notes:**

1. Nominee(s) should be family members of the subscriber such as wife, children, grand children and parents.
2. Please deposit 01 copy PP photo each for nominee(s).

**INFORMATION FOR FAMILY MEMBERSHIP CARD**

Name:

Spouse/Son/Daughter of :

Membership Number :

Blood Group :

Dath of Birth :

Mobile NO :

Holder's Signature :

Member's Counter Signature :

Kindly deposit TK. 100/- in cash as cost of the card.

---

**INFORMATION FOR FAMILY MEMBERSHIP CARD**

Name:

Spouse/Son/Daughter of:

Membership Number:

Blood Group:

Dath of Birth:

Mobile NO:

Holder's Signature:

Member's Counter Signature:

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Name:

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