



AIR ACTIVE CLUB

REGISTRATION FORM for

1. AIR ACTIVE CLUB MEMBERSHIP
2. BCI – AIR PROFESSIONAL SKILL DEVELOPMENT TRAINING PROGRAM

Affix your photo here

Name : _____

College Name : _____

Address : _____

University : _____

LLB 3Yrs/5yrs/LLM : _____ Semester, _____

Date of Birth : _____, Blood Group : _____

Father/Mother Name : _____

Permanent Home Address : _____

City : _____ State : _____ ZIP: _____

E-Mail Address : _____

Contact No : Mobile _____, Landline _____

Aadhaar Card No. : _____

College Ambassador/Introducer Name : _____ Code No: _____

I wish to enroll myself as member of AIR ACTIVE CLUB and agree to abide the club norms to uphold the club dignity and discipline.

Signature:

(Name: _____)



RECEIPT

Application No.:

Name

: _____

Contact No

: _____

*Membership/Registration/PIN No. : _____
(For Office use only)

Thanks

Date

Signature

AIR ACTIVE CLUB