



বাংলাদেশ শিশু চিকিৎসক সমিতি

BANGLADESH PAEDIATRIC ASSOCIATION

Plot No # 7/3C, Barabag, Section # 2, Mirpur, Dhaka-1216, E-mail : 2008.bpa@gmail.com | info@bpabd.org | Web : www.bpabd.org

Photo
(2 copies)
Passport
Size

MEMBERSHIP FORM

Name (in block letters).....

Father's/Husband's name.....

Date of Birth.....

Year of Graduation.....Year of Post-Graduation.....

Name of Institution from where graduated.....

Postgraduate qualification.....

Specialty.....

Present place of posting with designation.....

.....

Permanent address.....

.....

Present address.....

.....

Postal address / EMS.....

.....

Telephone: Office.....Chamber.....Mobile.....

Fax.....E-mail.....

Membership status: Life Member / General Member.....

Membership Fee: Life Member: Tk-5000/- & General Member: Tk-1000/- (2 years)

Date.....

.....
Signature of the Candidate

NB: Please attach the attested Photo copies of post-graduate qualification certificate & Registration certificate.

Proposer's

a) Name :

b) Voter No. LM...../GM.....

c) Signature with date

Secunder's

a) Name :

b) Voter No. LM...../GM.....

c) Signature with date

For Official use only:

Date of receipt of application..... Membership No.....

(SI. No. in Registration Book)

Change of Address if any.....