



বাংলাদেশ শিশু চিকিৎসক সমিতি BANGLADESH PAEDIATRIC ASSOCIATION

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

Photo
(2 copies)

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 (mailing) address.....
.....
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	Secunder's
a) Name : (in block letters)	a) Name : (in block letters)
b) Voter No. LM...../GM.....	b) Voter No. LM...../GM.....
c) Signature with date	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.....
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