

APPLICATION FORM FOR MEMBERSHIP

Name			Mailing Address	Passport Size Colour Photograph
Membership: Life Member/ General Member/Associate Member/Honorary Member				
Date of Birth:		Blood Group:		
Discipline:		Faculty		
Institute:				
Position (Current, Previous, If Applicable):			Nationality:	BMD No/License No:
Passing Year:			Ph (Res.):	
Jan/July :			Fax:	
			Cell:	
			e-mail:	

Family Information				
Marital Status:		Unmarried:		Married:
				Single:
Spouse Name (if applicable):				
Number of Son (s):			Number of Daughter (s):	

Degree and Training in Paediatric/Paediatric Neurology/Neurology:		
Degree	Subject	Passing Out Year

Necessary Document to be Attached with Application:	
I) Photocopy of all academic certificate II) Years of training in paediatric neurology: III) Photocopy: NID Card/Birth Certificate IV) Passport Size Colour Photographs: 2 Copies	

Membership fee received in Cash/Cheque no:on Bank:Dated:

Money Receipt No: Amount: BDT: USD:

Member Secretary Receiver's Signature Applicant's Signature
 BCNS