



PAEDIATRIC CARDIAC SOCIETY OF BANGLADESH

পেডিয়াট্রিক কার্ডিয়াক সোসাইটি অব বাংলাদেশ

MEMBERSHIP FORM

Name (in block Letters) :

Father's/Husband's Name :

Date of birth :

Year of Graduation Year of Post-Graduation

Name of Institute from where graduated

Postgraduate qualification

Speciality :

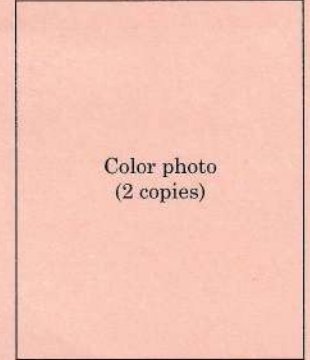
Present place of positing with designation

Permanent Address :

Present Address :

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

Fax.....E-mail



Membership status : Life member / General member

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

Date

Signature of the candidate

N.B. Please attach the attested photo copies of postgraduate qualification certificate, training certificate in paediatric cardiology & Registration certificate.

FOR OFFICIAL USE ONLY

Date of receipt of application

Membership No.

(Sl. No. in Registration book)

Change of address if any