Joy Bangla

SWADHINATA CHIKITSAK PARISHAD

Joy Bangabandhu

290/1, Sonargaon Road, Dhaka-1205

MEMBERSHIP FORM

Doctor's Photo (Two Copies)

1. Mem ID Code: | 2.Sex: M F | 3. Spouce Doctor: Y N (if Yes Pl. go to Q.26 to 34 in back page)

4. Name (ডাক নামে পরিচিত হলে ডাক নাম সহ)

5. Father's Name

6. Mother's Name

7. Present or Postal Address

8. Permanent Address

9. Contact (which will never change)

Office/ Mob:		BMDC Registration #	
Res/ Mob		Code # (if GoB)	
Mobile:		Date of Birth:	
E-mail		Date of 1st Joining:GoB	

10. Employment Status: GoB | BCS with Batch # _____ | NGO | Private/ GP | Business | Clinic/ Hosp | Unemployment | LPR/ Retired

11. Designation / Name of Post | 12. How many Years you are working in this Same Position (for Govt) ?

13. Place of Posting (Hos / Institutional Name)

14. Branch Name: | 15. Category of Membership : General Member / Life Member

Educational Qualification

16. Basic Degree: MBBS / BDS / …… | 17. Year

18. Medical/ Dental College | 19. Batch #

20. Name of Specialization: (যে বিষয়ে বিশেষজ্ঞ)

21. Post Graduation + Subject/ Field or Course

1		Year:
2		Year:
1		Student

22. Political Background

1
2
3
4

23. Sufferer in Student or Proffessional Life

1
2
3
4

(Give the Two Refference of Your Same Medical College including Batch & Cell Number)

24. Name (1): Batch Number: Cell Number:

Year Mate : who belongs " Chatra League Party Post" of your same Medical College

25. Name (2): Batch Number: Cell Number:

Senior Mate: who belongs " Chatra League Party Post" of your same Medical College

For Spouce- "Doctor"

26.Name of Spouse (ডাক নামে পরিচিত হলে ডাক নাম সহ)

27. BMDC Registration Number:

28. Code Number (GoB):

29. Date of Birth:

30. Date of 1st Joining: (GoB)

31. Cell Number

32. Employment Status: GoB | BCS with Batch # _____ | NGO | Private/ GP | Business | Clinic/ Hosp | Unemployment | LPR/ Retired

33. Name of Specialization: *(যে বিষয়ে বিশেষজ্ঞ)*

34. Post Graduation / Course 1 / 1 — Year: / Student

দিন বদলে স্বাস্থ্য বিভাগে উন্নতির জন্য যে কোন মতামত/ সুপারিশ/ অভিযোগ/ পরামর্শ বাংলায় লিখুন ।

Note: Please attach Photocopy of BMDC Registration Certificate.

35. Signature of Applicant

For Official Use

Signature
General Secretary, Branch

Seal

Signature
President, Branch

Seal

Entry Date

Signature of the Operator

Paid Upto

Signature of Accountant

Remarks

Signature
Secretary General, Central

Seal