



PAEDIATRIC HAEMATOLOGY AND ONCOLOGY SOCIETY OF BANGLADESH (PHOSB)

7/3C, Barabag, Section # 2, Mirpur, Dhaka – 1216, Email: bd.phosb@gmail.com

MEMBERSHIP FORM

Photo
(2 copies)
Passport
Size

Name (in block letters).....

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

Date of Birth.....

NID / Smart Card No:

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

Name of Institution from where graduated.....

Postgraduate qualification.....

Specialty.....

Present place of posting

Designation.....

Permanent address.....

Present address.....

Postal address / EMS.....

District:

Contact No: Office.....Chamber.....Mobile.....

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

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

Membership Fee: Life Member: TK- 10,000/- & General Member: Tk- 2000/- (2 Years)

Date.....

Signature of the Candidate

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

For Official use only:

Date of receipt of application Membership No.....
(SI. No. in Registration Book)

President

Secretary General

Treasurer