

BANGLADESH PRIVATE MEDICAL PRACTITIONERS ASSOCIATION

B P M P A

125/2, Darus Salam, Mirpur, Dhaka-1216.

-----Branch

PHOTO

APPLICATION FOR MRMBERSHIP

Name (Capital Letter) :-----
Father's Name :-----
Date of Birth :-----
Professional Qualification :-----
Year of Obtaining Qualification :-----
BMDE Registration Number :-----
Duration in Private Practice :-----
Permanent Address with Telephone No. :-----
Present Address :-----
Telephone No :-----
Proposer's Name, Signature with :-----
Membership No :-----

I agree with the aims and objectives of the Association and will abide by the rules and regulation as laid down in the Constitution of the Association.

Signature-----

Date-----

Recommended by (-----)

Secretary----- branch

Approved by Secretary General

on behalf of C. E. C.

N.B. General Membership fee is Taka 200/- annually-----

Life Membership fee is Taka 2,000/-

: BMDC Registration Certificate (Photocopy) must be submitted with 2 copies stamp size Photograph.

Membership fee should be paid in cash or D/D in favour of Bangladesh Private Medical Practitioners association, Dhaka or to the respective branch.