



# SOCIETY OF NEUROLOGISTS OF BANGLADESH

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PP Photo

## MEMBERSHIP APPLICATION FORM

(To be filled up in duplicate)

Name of the applicant (in block letter).....

Father's Name.....

Year of graduation.....

Postgraduate degree/ degrees	Institute	Year of Passing	BMDC Registration Number as post-graduate
1.....	.....	.....	.....
2.....	.....	.....	.....
3.....	.....	.....	.....

Present Place of Posting Institute .....

Present Position held.....

Experience in the Field of Neurology... ..

Position	Institute	Duration
1.....	.....	.....
2.....	.....	.....
3.....	.....	.....

### Applied for which Membership (Tick appropriate one):

General Membership/ Life Membership/ Associate Membership/ Honorary Membership

Mailing Address.....

Telephone.....

Fax.....Email.....

Date.....

Signature of the applicant