Bangladesh Neonatal Forum

MEMBERSHIP FORM

Name (in block letters): ..... Designation: .....

Department: .....Institute: .....

Father's Name: .....

Mailing Address: .....

.....

Permanent Address: .....

.....

Tel: ..... Mobile No: .....

Email: .....

Date of Birth: ..... Marital Status: .....

Year of Graduation: ..... Post Graduate Degree: .....

Duration of training/ experience in neonatology: .....

Any publication related to neonatology (Use each Paper): Yes ☐ or No ☐ (If yes attached copy)

Name of the institute / hospital where working at present: .....

.....

Application for Life Member: 5000/- or General Member: 1000/-

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Signature of the candidate Date: .....

Proposed by: ..... Seconded by: .....

.....

For official use only

Date of receipt of application: .....

Date of Election of membership: .....

Membership accepted: Yes ☐ No ☐ Serial No. (in Registration Book): .....

_____

Authorized signature Date: .....