BANGLADESH SOCIETY OF ANAESTHESIOLOGISTS CRITICAL CARE AND PAIN PHYSICIANS (BSA-CCPP)

Membership form

Passport Size Picture 2 Copy

Associate / New member /Renewal / Life member Year: ……

1. Name (in capital) : ……
2. Father's name: ……
3. Address:
   a. Permanent Address ……
   ……
   b. Mailing Address ……
   ……

4. Personal information :

   a. NID number :..... b. Blood Group : .....

   c. Mobile : ..... d. Email : .....

   e. BMDC Reg. Number :.....

5. Qualification:

Name	College/Institute	Year

6. Field of interest in anaesthesia :
7. Hobby/Special Interest :
8. Government / Non Government / Other :
9. Current working place :

Note:

1. Make sure that your mailing address in correct and up to date
2. If there is any change of address, please notify us immediately.
3. The member ship fees is as follows
   a. Associate member (In course students only) : Tk. 500.00
   b. New member: Tk. 500.00
   c. Renewal: Tk. 400.00
   d. Life member: Tk. 5000.00
4. You can send your membership fees in the form of cash (with money receipt) / Crossed Cheque, Bkash / Nagad (send money) : 01849222821, Bank Transfer to the account, Bangladesh Society of Anaesthesiologists, Account No. 20502150100345209, Islami Bank Bangladesh Ltd, Elephant Road Branch, Dhaka.

Date……..

Signature……

Attachment :

1. MBBS certificate photocopy, 2. BMDC registration photocopy, 3. Post graduation certificate / other certificate photocopy, 4. NID photocopy

Room 904, 8th floor, Sahera Tropical Centre, 218 New Elephant Road, Dhaka-1205
Phone : 01849-222821, email : bsaccpp.bd@gmail.com, Web : www.bsabd.com