**EPIDEMIOLOGICAL ASSOCIATION OF BANGLADESH**

Photograph

**MEMBERSHIP FORM**

**Name: ……………………………………………………………………………………….….**

 **(In Block Letters)**

**Nationality: ……………………………..…… Date of birth…………………..…………….**

**Father’s Name: ……………………………………………………………………….……….**

**Mother’s Name: ………………………………………………………………….……………**

**Present Mailing Address: ……………………………………………….……………………**

**………………………………………………………………………………………………….**

**Permanent Address: …………………………………………………………………………..**

**Telephone No.: Home:………………..Office: …………….…Mobile: ………...…………..**

**E-mail Address: ………………………………………….…………………………………...**

**Educational Qualifications:** (start with the most recent)

|  |  |  |
| --- | --- | --- |
| **Name of Degree/Diploma\*** | **Year** | **Institution** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*In case off post-graduate degree, please mention major subjects within parenthesis (one only)

**BMDC Registration No.:** (where applicable)………………………..

**Current Position and Institution/Organization:…………………………………….**

**………………………………………………………………………………………….**

**………………………………………………………………………………………….**

**Since………………………………………..**

**Major Epidemiological Work (**with number of years**) ………………………………**

**………………………………………………………………………………………….**

**………………………………………………………………………………………….**

 Contd.

**Subscription Year……………………Category of membership: General / Life / Associate**

I do hereby declare that I have read the aims and objectives of the association and I am interested to contribute towards their achievement. I shall abide by the Association’s rules and regulations and maintain the dignity and prestige of the Association and its members. I further declare that all information provided herein is correct and valid.

SPECIMEN SIGNATURE OF THE APPLICANT

…………………………………

 Signature of the applicant

 Date…………………….

To be filled by the EPAB

Approved as a member of Epidemiological Association of Bangladesh (EPAB) for the year……………

Membership No……………………………

Signature: …………………………... ……………………………..

 President- EPAB General Secretary- EPAB