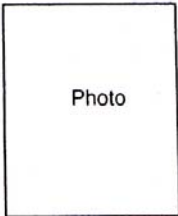




OPHTHALMOLOGICAL SOCIETY OF BANGLADESH

Plot # 7/1, Section # 2, Road # 1, Mirpur, Dhaka-1216
P.O. Box # 8021, Mirpur, Dhaka-1216, BANGLADESH
Telephone # 383088 Fax # 880-2-804522



BIO DATA OF OSB MEMBER

NAME (In block letters) : Age

Father's Name :

PRESENT ADDRESS / MAILING ADDRESS :

.....

.....

Telephone :

PERMANENT ADDRESS :

.....

.....

Telephone :

QUALIFICATION INSTITUTION YEAR

1.

2.

3.

4.

PRESENT POSITION HELD :

Category of Membership :

ANY OTHER INFORMATION IN FAVOUR :

Signature

FOR OFFICIAL USE

Date of Confirmation of Membership :

Sl. No. of Membership Life :

General :

President

Office Secretary

Secretary General

OPHTHALMOLOGICAL SOCIETY OF BANGLADESH
Pl.OT # 7/1, ROAD # 1, MIRPUR-2, DHAKA-1216
BANGLADESH.

MEMBERSHIP / LIFE MEMBERSHIP APPLICATION FORM

NAME (In block letters) :

PRESENT ADDRESS :

Telephone-

PERMANENT ADDRESS :

Telephone-

	<u>QUALIFICATION</u>	<u>INSTITUTION</u>	<u>YEAR</u>
1.			
2.			
3.			
4.			

PRESENT POSITION HELD:

ANY DIFFICULTY ENCOUNTERED IN PRESENT POSITION:

ANY OTHER INFORMATION IN FAVOUR:

I shall abide by the rules and regulations of the Society.

.....
Signature of the Applicant

Proposed by:

Name:.....

(Block letters)

Address:

.....

.....
Signature

Seconded by:

Name :.....

(Block letters)

Address:

.....

.....
Signature

FOR OFFICIAL USE

Placed before E.C on :

Decision of E.C :

Category : LIFE / REGULAR

Signature Card : YES / NO