



Bangladesh Pharmacological Society

www.bdpsbd.org

Color Photo

Membership Form

Member ID:

Full Name:

(In Block Letter)

(In Bengali)

Father's Name:

Mother's Name:

Date of Birth: Gender: (Please Tick Mark) Male Female

Religion: Marital Status:

Present Address:

Blood Group: NID No.:

Mobile No.: Email:

Membership Type: Life Member/ Regular Member/ Associate Member / Honorary Member
(Please Tick Mark)

MBBS Institute:

Year of Graduation:

Post-Graduation Institute:

Year of Post-Graduation:

BMDC Registration No.: Renewed Upto:

Present Designation:

Place of Work:

Mailing Address:

.....
Date

.....
Signature of Member

For Office Use Only

BDPS Member ID:

Paid Amount: BDT..... (Cash / Bank Deposit / BKash) Receipt No.:

Secretary General
(Signature & Seal)

Treasurer
(Signature & Seal)

Chairperson
(Signature & Seal)