ASSOCIATION OF PHYSICIANS OF BANGLADESH

The Premier Plaform for Specialist Physicians

Picture

Life Membership Form

Receipt No. Life Member Serial No. Date: ...../...../.....

Name :.....

Father's Name :..... Mother's Name :.....

BM&DC Reg. No. :..... NID No. :.....

Designation :..... Degree :.....

Institution :.....

Mailing Address :.....

Chamber Address :.....

.....

Cell Phone :.....

E-Mail :.....

Paid in Cash/Cheque No. [ ]

In Words :.....

Signature of Appticant:

For Official Use Only

Receipt No. Life Member Serial No. Date: ...../...../.....

Name :.....

Designation :.....

Degree :.....

Mailing Address :.....

Signature of the Authority:

Professor Dr. Muhammad Rafiqul Alam	**Professor Dr. Shohael Mahmud Arafat**	**Professor Dr. Md. Azharul Hoque**
Preseident, APB	Secretary General, APB	Treasurer, APB