Society of Clinical Pathologists

Reg. No DHA 09027

MEMBERSHIP FORM

Date :

Name :…….
(In block letter)

Educational Qualification : ……
(With year of pass)

Category of Membership : Life / Ordinary / Associate

Designation :…….
(With place of posting)
……...

Mailing address :…….

Phone /Mob. No :…….

Permanent Address :…….

Introduced by :……

Signature of General Secretary
Bangladesh Society of Pathologist

Approved by EC: Signature of the member