



Bangladesh Association of Psychiatrists

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Reg. No.: Dh-09797

MEMBERSHIP FORM

Ref.:

Date: ___ / ___ / ___

Photo

Please tick(✓)the appropriate one: General Member Life Member

1. Name _____

2. (a) Date of Birth ___/___/___ (b) BM & DC Reg. No _____ (c) Blood Group _____

(d) Phone _____ (e) Email _____

2. Father's Name _____

3. Mother's Name _____

4. Office Address _____

5. Mailing Address _____

6. Degree in Psychiatry _____

7. Experience in Psychiatry _____
(Job, Training)

Proposed by -

Seconded by -

(Name)

(Signature with date)

(Name)

(Signature with date)

I agree to abide by the rule and regulation of Bangladesh Association of Psychiatrists and serve to promote the objectives of the Association

OFFICE USE ONLY

Membership Number

Signature of the applicant

Date: ___ / ___ / ___

Please enclose photo copy of each following documents(1 set):

(a) Passport size photo (b) NID (c) BM & DC Registration (d) Post Graduation/ Training Certificate