

The Bangladesh Society of Radiation Oncologists BSRO

Office: Room No- 01, Department of Radiotherapy (017116114886)
Dhaka Medical College Hospital, Dhaka

Membership Application Form

Name/ Bangla:

English:

Father's Name:

Mother's Name:

Occupation:

Present Occupational Position:

Present Working Place:

Educational/ Professional qualification:

Present Address:

Permanent Address:

National ID: E-mail:..... Cell No.....

Membership CategoryLifeGeneral..... Others.....

Proposed By.....Name.....BSRO No.....Signature.....

Second By.....NameBSRO No.....Signature.....

I hereby declared that the particulars furnished above are true and I shall abide by the rules and regulations of the society.

Signature of the applicant.....

Name of the applicant.....

Please enclose your Bio-data with 2 copies recent passport size photo

OFFICE USE

Date of placement before executive committee..... Decision of executive committee.....

BSRO membership No..... Date.....

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President
Bangladesh society of Radiation Oncologist

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General Secretary
Bangladesh society of Radiation Oncology