



# MEMBERSHIP REGISTRATION FORM

## REGISTRATION FROM

Full Name :

Father's Name :

Mailing Address:

DMC Batch No:

K-

Specialty :

Email:

Are You Member of any other Association:

Member Type:

Only Life Member

Gender:

Male  Female

Mather's Name :

Post Graduation Any National/international:

Current Designation & Working Place:

Phone:

Award:

Applicant Signature

Authorized Signature

THANK YOU FOR YOUR INFORMATION

## Dhaka Medical College Alumni Trust

Address : Room No :413, 3rd Floor Dhaka Medical College Dhaka 1000  
Office Mobile: 01783487160, Website: www.dmcalumnitrust.org

### Money Receipt

Received with thanks from Prof/Assoc.Prof/Asstt.Prof/Dr.....

Batch: K-..... Address.....

Contact No ..... Reg Fee TK ..... 5000 ..... In Word.....

Treasurer/ Secretary

Authorized Signature