



বাংলাদেশ সোসাইটি অব রেডিওলজি এন্ড ইমেজিং  
**Bangladesh Society of Radiology and Imaging**  
33, Topkhana Road, Meherba Plaza, L-5th Floor, Dhaka-1000, Bangladesh

PP Size Photo

**REGISTRATION FORM FOR LIFE MEMBERSHIP**

LM NO:.....

**Particulars**

Full Name .....

Date of Birth ..... Sex:  Male  Female Nationality .....

BMDC Registration No ..... Tenure (MBBS & Post Graduate) .....

Academic Qualification .....

Present Designation .....

Specialty .....

Institution .....

Address .....

City ..... Country .....

Phone (Include IDD code) .....

Fax ..... Email .....

**Family Info**

Spouse Name ..... Designation .....

Children 1) Name ..... Age .....

Children 2) Name ..... Age .....

\* NB: Please submit attested copies of Certificates of last Academic Qualification & up-to-date BMDC Registration.

**Signature with Seal & Date**

**Temporary Secretariat**

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