



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

PP Size Photo

**MEMBERSHIP FORM**

**TYPE OF MEMBERSHIP**

Life Member  General Member  
 Associate Member  Honorary Member  Overseas Member

NO : .....

**Particulars**

\*Full Name (English) :

Full Name (Bengali) :

\*Age :  Sex:  Male  Female Nationality :

\*BM&DC Registration / License No (Updated):

\*Academic Qualification (with passing year):

\*Present Designation :

\*Present Workplace :

Specialty (if any) :

\*Address (Mailing) :

Address (Office / Home) :

\*Cell Phone :  Work Phone :

\*Email :

**Family Info (Optional)**

Spouse Name:  Designation:

Children 1) Name:  Age:

Children 2) Name:  Age:

- \* NB: (1) Applicant must submit copy of Certificates of Academic Qualification (Post Graduation) & Updated BM&DC Registration.  
(2) Overseas Members must submit a copy of Post Graduation Certificate in Radiology approved by a concerned body of issuing country.  
(3) Applicant must fill up the (\*) marked boxes.  
(4) Separate sheet may be added if required.

**Signature with Seal & Date**

**Temporary Secretariat**

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