

For Official Use only

Sl. No. :

Receipt No. :

Date :



বাংলাদেশ কম্পিউটার সোসাইটি
BANGLADESH COMPUTER SOCIETY

Photograph
2 Copies
(35 mm x 35 mm)

MEMBERSHIP APPLICATION FORM

1. Applied For	<input type="checkbox"/> Fellow	<input type="checkbox"/> Member	<input type="checkbox"/> Associate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Student
2. Applicant's Name*					
3. Father's Name					
4. Mother's Name					
5. Spouse's Name					
6. Designation					
7. Organization					
8. Mailing Address (Detail)					Post Code :
Phone Number	Office :		Residence :		
Fax Number			Mobile :		
E-mail			URL :		
9. Permanent Address	District :	Upazila :		10. Nationality :	
	Post Office :	Village :		11. Blood Group :	
	Road :	Block :		12. Date of Birth :	
	House :	Post Code :		Sex	M

13. Academic Career (Record from last achievement)

Qualification/Degree	Institution	Board/University	Year of Passing	Score/Class

14. Training Obtained (Record from last achievement ; use extra page if necessary)

Training Institute with Country	Name of Topic/Course	Duration (Week)	Training Year

* Name – First Name/Middle Name/Last Name

15. Professional Records (From present to previous ; use extra page if necessary)

Name of Organization	Designation	Period (DD/MM/YYYY)	
		From	To

16. Research/Publication Information (If any)

17. Membership No. (If any)	—							Subscription Paid up to (Year)				
-----------------------------	---	--	--	--	--	--	--	--------------------------------	--	--	--	--

I do hereby declare that the above statements are true & correct.

Date.....

Applicant's Signature

18. Nomination :

Description	Proposer	Seconder - I	Seconder - II
Name (in block letter) & Membership #			
Signature & Date			

Comments of Membership Board

The Applicant is recommended for _____ under clause _____

Convenor _____ **Member** _____ **Member-Secretary** _____

As per recommendation of Membership Board the applicant is awarded _____ in the meeting of the Management Committee/Council held on _____ and the case has been recorded as under :

Membership No. _____ Date of Enrolment _____ Receipt No. _____

Date..... **Office Secretary**

Certificate No. _____ Date of Issue _____

Date..... **Secretary General**

OFFICIAL USE ONLY