



Society of Dermatologic Surgeons of Bangladesh (SDSB)

Union Heights (Level-15), 55/2, West Panthapath, Dhaka-1205. (Adjacent to Square Hospital, Above KFC & Shwapno)

Mobile: 01912-825759

Email: info@sdsb-bd.org; Web: www.sdsb-bd.org

Application Form For Membership

President

Society of Dermatologic Surgeons of Bangladesh (SDSB)

Address: Union Heights (Level-15), 55/2, West Panthapath, Dhaka-1205

Passport Size Photo

Dear Sir/ Madam,

I request you kindly to enroll me as a MEMBER of your esteemed Society. For your record and reference, my particulars of mine are attached here.

I commit to abiding by the rules and regulations of society and promoting its objects.

Your's faithfully,

(Sign and Seal)

(Name & Designation)

Address: _____

NB: The payment of annual subscription fee for the current calendar year and other fees/charges will be traded in favor of Bangladesh Society of Dermatologic Surgeons of Bangladesh (SDSB) by Cash (In Office) in BDT/ Bank Deposit, /blank Draft /Pay Order or bKash.

(TO BE FILLED UP BY OFFICE)

Application Received

Money Receipt No. :

Date: _____

Cash/Bank Deposit/Pay Order/ Bank Draft/bKash

Membership Approval

No. : _____

Date: _____

Date: _____

Member ID: _____

Membership Fee: BDT. 3000

Accounts Officer:

(Sign, Seal & Date): _____

Membership Development:

(Sign, Seal & Date): _____

Proposed By:

(Sign, Seal & Date): _____

(Membership Standing Committee member)

(Sign, Seal & Date): _____

President's Approval:

(Sign, Seal & Date): _____



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PARTICULARS OF THE APPLICANT (Personal Information)

Name (in full): _____ Date of Birth: ____/____/____

Mailing Address/ Chamber Address: _____

Designation: _____ Gender: M F

Permanent Address: _____

City: _____ Division: _____ Country: _____

Telephone No. _____ Mobile No. : _____ Web site: _____

Facebook ID: _____ Email Id: _____

National ID: _____ Passport No. : _____

Educational Attainment:

Qualification	Institute	Year of Passing
MBBS		
DDV/DD/MCPS		
FCPS/MD		
Others (PhD, FRCP, MRCP)		

Your subjects of interest (Please Tick)

- Skin surgery-Biopsy, Excision, Graft, Electrosurgery, Cryosurgery, etc.
- Nail Surgery-Biopsy, IL therapy, Avulsion, etc.
- Hair restoration surgery-PRP, MNT, Transplant, etc.
- Others (Please Mention) _____

Are you interested in (Please Tick)

- Organizing Workshop & Conference
- Giving Guest Lectures/Scientific paper presentation
- Being the Panelist for discussion/Key speaker
- Demonstrating Surgical Techniques

Your institution (Others attachments)

Name:		Designation:	
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(Signature and Seal of the Applicant)

Date:

NB: If the address of the Member is changed, unless notified in writing and recorded in the Membership Register of the Society, the Nomination made here in the will unchanged for all purposes.