



BANGLADESH ASSOCIATION OF UROLOGICAL SURGEONS (BAUS)

MEMBERSHIP APPLICATION FORM FOR GENERAL/ LIFE MEMBER

1. Name (Block Letter):
2. Spouse Name:
3. Father's Name:
4. Mother's Name:
5. Date of Birth:
6. Nationality: Bangladeshi (by birth).

7. Present Position with place of posting: (Govt./Private/Others.....)
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.....

8. Present Address:
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Tel No. Residence..... Office.....
Chamber..... Mobile
Fax No.....
E-mail.....

9. Permanent Address:
.....

10.	Educational Qualification	Name of Institution	year
	a. SSC		
	b. MBBS		
	c. FCPS		
	d. MS		
	e.		

11. Training from Abroad:
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12. Membership in Professional:
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13. Fees: a. Life Member – Tk. 10,000/= b. General member Tk. 1000/=

14. Others (any information to BAUS):
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Please attaches the following

- Photocopy of SSC Certificate
- Photocopy of MBBS Certificate
- Photocopy of BMDC, MBBS Registration Certificate, MS/FCPS Registration Certificate
- Photocopy of MS/FCPS Certificate of Degree in Urology.
- Photograph (passport size) 4 copy.
- Forwarding of recommendation from respected institute.
- Write an application to Secretary General of BAUS.

Signature with date

PHOTOCOPY OF THIS FORM IS ACCEPTED