

# GYNAECOLOGY ONCOLOGY SOCIETY OF BANGLADESH (GOSB)

## MEMBERSHIP FORM

1. Name (In block letters) :
2. Father's/Husband's Name :
3. Age :
4. Designation :
5. Address :

Permanent:	
Present:	

6. Telephone & Mobile :

Residence	Office	Home

7. E-mail :
8. Date of Birth :
9. Marital Status :
10. Duration of active work (Oncology Related Subject):
11. Specialty of Work:
12. No. of Publications :
13. Academic Qualification/Postgraduate degree:
14. TIN :

Date:

Signature of the Candidate

Proposed by:

Seconded by:

***For official use only***

*Date of receipt of application:*

*Date of Selection for Membership:*

*Sl. No. in Registration Book:*

*Change of Address if any:*