

# Bangladesh Academy of Pathology

## APPLICATION FOR MEMBERSHIP

ATTACH 2 COPIES  
OF PHOTOGRAPH

1. Name of the applicant : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Mother's Name : \_\_\_\_\_
4. Name of spouse : \_\_\_\_\_
5. Date of birth : \_\_\_\_\_
6. Type of job : Govt/ Private/ Self employed/ Retired/ Others .....
7. Current position, designation and name of institution:

\_\_\_\_\_

\_\_\_\_\_

8. Histopathology- Cytopathology practicing center:

	Name	Address	Remarks
i			
ii			
iii			

09. Home address : \_\_\_\_\_

10. Mobile number : \_\_\_\_\_

11. E- mail : \_\_\_\_\_

12. Correspondence address: \_\_\_\_\_

\_\_\_\_\_

13. EDUCATION:

	Degree	Course duration	Year	Institution
i.	MBBS or equiv.*			
ii.				
iii.				
iv				

*\* For degree from abroad, BMDC endorsement or equivalence certificate must be submitted.*

**13. EXPERIENCE IN HISTOPATHOLOGY** (as post graduate resident trainee within course or as histopathologist:)

	<b>Institution</b>	<b>Position</b>	<b>From</b>	<b>To</b>
i.				
ii.				
iii.				

**14. Recommendations by two sponsors** (founder member/regular member)

	<b>Name of sponsors</b>	<b>Present position with designation</b>	<b>Signature</b>
i			
ii			

**15. SERVICE EXPERIENCE:** (Optional): Attach separate sheets

**16. LIST OF PUBLICATIONS AND RESEARCH WORKS** (Optional): Attach separate sheets

**17. APPLICATION STATEMENT TO BE SIGNED BY APPLICANT**

I desire to be a member of the Bangladesh Academy of Pathology, and if elected/ approved by the Executive Committee, I hereby promise that, so long as I continue to be the member of the BAP, I will to the utmost of my power, promote the honor and interest of the said BAP and observe and abide by the constitution and by laws, both as they are now and as they may be altered from time to time.

**Date:**

**Signature**

**Comment of executive committee.:**

Documents : All submitted / not submitted  
Recommendations : Attached / not Attached  
Membership : To be reviewed / approved / not approved

**President**

**General Secretary**

**INSTRUCTIONS TO APPLICANTS:**

- Write all information, name in capital letters
- Sign the membership application
- Enclose application fee
- Enclose two recent passport size photograph
- Enclose
  - academic certificates,
  - BMDC registration MBBS and Post graduate
  - BMDC recognition certificate if applicable
  - Proof of working as a histopathologist
  - Secure sponsorship signature of two founder members of the BAP.

***BEFORE SUBMISSION PLEASE CHECK THAT FORM IS PROPERLY FILLED AND DOCUMENTS ATTACHED***