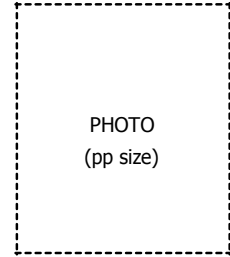




CMC 18 ALUMNI ASSOCIATION
 An organization of 18th batch of
 Chittagong Medical College
 University of Chittagong, Bangladesh



MEMBERSHIP FORM

Name (Block Letter):

Name (in Bangla):

Sex: Male Female Date of birth:

Blood group:ve; Religion:

Phone: Mobile:Office: Res:

Email: (1) (2)

NID No. Passport No.

Fathers name:

Mothers Name:

Spouse:

Children:

Present Address:

Permanent Address:

- Membership type: Registered Member
 Associate Member
 Honorary Member

I hereby declare that the above information is correct. I will uphold the constitution and the regulations of CMC 18 ALUMNI ASSOCIATION.

Signature of the applicant & date

FOR OFFICE USE ONLY

Membership No. Date:

Membership fee: In words:

Annual Commitment: Tk. In words:

Treasurer

General Secretary

President