

# Bangladesh Association of Women Scientists

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## MEMBERSHIP FORM\*

Passport  
Photograph  
3.5cm x 3.5 cm

1. Name : -----

2. Mother's Name : ----- 3. Email : -----

4. Date of Birth : ----- 5. Mobile: -----

6. Sex : ----- 7. Fax : -----

8. Qualifications : ----- 9. Tel. (O) : -----

10. Present Position : ----- 11. Tel. (R) : -----

12. Field of Specialization : -----

13. Address (Office) : -----

14. Address (Office) : -----

15. Address (Residence) : -----

16. Mailing Address : Tick 14 or 15

Date : ----- Place: -----

Signature of the Member

\* সদস্য হতে আত্রহী প্রার্থীদেরকে উপরোক্ত ঠিকানায় যোগাযোগ করতে অনুরোধ করা যাচ্ছে।