

PHYSICS ALUMNI ASSOCIATION OF BUET

PhAAB

Department of Physics
 Bangladesh University of Engineering & Technology (BUET)
 Dhaka-1000, Bangladesh
 E-mail: *physaab@gmail.com*

Photograph

ALUMNI MEMBERSHIP FORM

NAME (In Bangla)		<input type="checkbox"/> Male <input type="checkbox"/> Female
NAME (In English)		

Admission Session/Year of Enrollment												
Degree obtained from Department of Physics	<input type="checkbox"/> M. Sc.	YEAR			<input type="checkbox"/> M. Phil.	YEAR			<input type="checkbox"/> Ph. D.	YEAR		

**Please tick degrees as applicable and attach copy of the corresponding certificates*

PERSONAL DETAILS

TITLE	<input type="checkbox"/> MR.	<input type="checkbox"/> MS.	<input type="checkbox"/> DR.	DATE OF BIRTH	DAY	MONTH	YEAR		
NATIONALITY				NID No.				BLOOD GROUP	
PRESENT ADDRESS									
PERMANENT ADDRESS									
CONTACT ADDRESS									
TELEPHONE									
E-MAIL									

CAREER DETAILS

OCCUPATION		JOB TITLE	
NAME OF THE EMPLOYER		DEPARTMENT	
WORK ADDRESS			
TELEPHONE			

Life Membership Fee: Tk. 3000/- (Taka Three Thousand Only), General Membership Fee: Tk. 500/-

Cash/demand draft/pay order/crossed cheque no. _____ dated _____ drawn in favor of *Physics Alumni Association of BUET*.

OR

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Signature _____ Date _____



PHYSICS ALUMNI ASSOCIATION OF BUET (PhAAB)

Department of Physics, BUET, Dhaka-1000, Bangladesh

Membership No:				
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It is hereby declared that Tk. _____ (In word: _____) has been received from Mr./Ms./Dr. _____ for the purpose of

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