

ITPAB

Information Technology Professional Association of Bangladesh

www.itpab.org.bd

Membership Application Form

Applied For			Fellow	Member				Associate	
(A)	(A) PERSONAL INFORMATION						FOR OFFICIAL USE		
1)	APPLICANT'S NAME	:			Scro	ll No	:		
2)	FATHER'S NAME	:			Date	of Received	:		
3)	MOTHER'S NAME	:			Ack	nowledgement	:		
4)	DATE OF BIRTH	:			Phot	o Enclosed	:	Yes No	
5)	GENDER	:	MALE FEMA	ALE		essional ord Enclosed			
6)	NATIONAL ID	:			Reco	ommendation	:	🗌 Yes 🔲 No	
7)	NATIONALITY	:			Nam	e & Signature	:		
8)	AGE	:							
9)	BLOOD GROUP	:			EV	ALUATED E	BY ME	MBERSHIP SECTION	
10)	OCCUPATION(PRESENT)	:			Age		:		
11)	MAILING ADDRESS (DETAILS)	:			Edu	cation	:		
11)					Rec	ommendation	1 :		
Cor	tact Information		Other Membership I	Information		ne & nature	:		

Contact Information	Other Membership Information
Mobile:	1.
Office:	2.
E-Mail:	3.

(C) EDUCATIONAL INFORMATION							
QUALIFICATION/DEGREE	INSTITUTE	BOARD	PASSING YEAR	DIV/CLASS /GPA/CGP			
SSC/Equivalent							
HSC/ Equivalent							
Higher Degree							
Others							

(D) PROFESSIONAL RECORD'S (if necessary, enclose separate sheet)						
Sl. #	Period		Designation	Job Description (Priof)	Employon	
	From	То	Designation	Job Description (Brief)	Employer	
1						
2						
3						
4						
5						

Please enclose attested copies of certificates of other professionals' bodies including membership no. (if any)								
Declaration: I declare that the above information I have appended herewith and the documents enclosed are complete and correct. It enrolled, I shall confirm to the constitution, bye-laws, rules and regulations of the Association and to the Code of Ethics.								
r	1 1	1						
D D M	M YYYY	Signature of Applicant						
Recommendation: I recommend him for the class of membership applied for :								
Proposer	NAME (Ir	Block Letter)	MEMBERSHIP NO	SIGNATURE	DATE			
Approved in the		Countersigned by						

Member Secretary (1)

Member Secretary (1)

Membership Committee

PRESIDENT/SECRETARY