



Bangladesh Association of Radiology & Imaging Technologists (BARIT)

Office: Ka-30/2, Nadda, Gulshan, Dhaka-1212, Bangladesh

Contact: 01716366063; 01979797239; E-mail: info@barit.org; Website: www.barit.org

ESTD: 2006

BARIT Membership Application Form

Date:-----

Name :			PHOTO
<input type="text"/>			
Date of Birth :	Nationality:		
Father's Name:			
M other's Name:			
Passing Year	Batch No	Name of Institute	Registration No:
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Present Working Place:			
Contact Address :			
Mobile No :	E-mail :	Blood Group :	NID No:
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To
The President
BARIT

I have the honor to state that I would like to offer myself as member of BARIT for your kind consideration. Under the circumstances, I would request you to approve me as a member of BARIT.

Applicant's Signature:

Member ID No: -----

Money receipts No:
Cash Tk: -----
Treasurer: -----



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Acknowledgement of Membership

Date: -----

01. Name: ----- S/O M r-----

02. Passing Year:----- Batch No : ----- Registration No:----- Member ID No:-----

03. Address of working place:-----

Thank you for application to BARIT. Your application has been approved by the executive committee of BARIT.

President
BARIT
Central Committee

General Secretary
BARIT
Central Committee