



SOVIET ALUMNI ASSOCIATION, BANGLADESH (SAAB)
АССОЦИАЦИЯ СОВЕТСКИХ ВЫПУСКНИКОВ, БАНГЛАДЕШ

42, Bhasha Shoinik M.A. Matin Road, Road#7, Dhanmondi R/A, Dhaka, Mob: 01715023000, web: www.saabd.org

Passport Size
Picture

Membership Form

1. Name:.....

2. Profession:.....

3. Name of Educational Institute:.....

City:.....Degree Obtained:.....

Year of Admission:.....Year of Passing:.....

Name of Educational Institute: .Incase of Ph.D or
Ordinatura.....

City: Degree Obtained:

Year of Admission: Year of Passing:

4. Present Occupation:

Designation, Organization, Address with Telephone, Fax, E-Mail.

5. Residential Address with Telephone, Fax, E-mail.

6. Mailing Address: (Put \checkmark sign):

a) Present Occupation Address b) Residential Address

7. Date Of Birth:

8. Blood Group:

9. Recommended by:

	Name	Membership No.	Signature
1			
2			

Signature of Applicant

Note: Please attach photocopy of your Diplom/Certificate and your photograph.