



CLINICAL ENGINEERING ASSOCIATION-BANGLADESH

37/2, Pritom Zaman Tower (12th Floor), Purana Palton, Dhaka-1000,
Bangladesh

Founded on 10th October 2015, Registered under **ordinance No.-46 of 1961 (Volunteer social welfare organizations registrations and control)**

Recognized by Government of People's Republic of Bangladesh
Reg. No. DHA-09521, Reg. Date: 23/11/2017 (Rev. 07/09/2020)

Phone: +880-1781188590

E-mail: info@ceab.org.bd, Web: ceab.org.bd

Affix 2 attested recent P.P size photo here

APPLICATION FORM FOR MEMBERSHIP (Fellow, Member, Associate Member) (All relevant spaces must be filled in)

1.0. PERSONAL INFORMATION

1.1. NAME

1.2. DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y		

1.2.1 AGE

(on next birth date)
 Years

1.3. NATIONALITY

1.2.2 PLACE OF BIRTH

1.4. MAILING ADDRESS (with postal code)c

NID Number

1.5. PERMANENT ADDRESS (with postal code)

1.6. COMMUNICATION	Phone (Home)	<input type="text"/>
	Mobile (1)	<input type="text"/>
	Mobile (2)	<input type="text"/>
	Email	<input type="text"/>

1.7. GENDER

MALE FEMALE (please tick as appropriate)

1.8. MEMBERSHIP APPLYING FOR (if any)

1.9. PRESENT CEAB MEMBERSHIP NUMBER (if any)

2.0. EDUCATION (Please enclose the photocopies of all certificates and transcripts)

EQUIVALENT LEVEL	INSTITUTE	BOARD/UNIVERSITY	YEAR OF PASSING	DIV./CLASS GPA/CGPA
SSC/Equivalent				
HSC/ Equivalent				
B.Sc. Engg./Equivalent				
M.Sc. Eng./M.Phil./MSc				
Ph.D. or Equivalent				

FOR OFFICIAL USE

Scroll No.:

Date of Receipt:

Acknowledgment:

Copies of Certificates

Copies of Transcripts

Photo Enclosed Y N

Professional Record Enclosed

Recommendation Y N

Applied for F M AM

Name & Signature

Evaluated by Membership Section

Age

Education

Experience

Recommendation

Name & Signature

Chairman/Member
Secretary/ Member,

Membership Committee

Accepted Rejected

Name & Signature

F/M

3.0. PROFESSIONAL RECORD (If necessary enclose separate page or sheet)

SL. NO.	PERIOD (Date)		DESIGNATION	EMPLOYER	BRIEF JOB DESCRIPTION
	FROM	TO			
1.					
2.					
3.					
4.					
5.					
6.					

4.0. Please enclose attested copies of certificates of other professional bodies including Membership no. (if any)

1.	
2.	

5.0. DECLARATION: I declare that the information I have appended herewith and the documents enclosed are complete and correct. If enrolled, I shall conform to the constitution, bye-laws, rules and regulations of the Institution and the Code of Ethics.

D	D	M	M	Y	Y	Y	Y

--

Signature of the applicant

6.0. Recommendation: I recommend him for the class of membership applied for:

	Name	MEMBERSHIP NO.	SIGNATURE	DATE
Proposer				
Secunder I				
Secunder II				

Note (I): Proposer and One Secunder must be at least.

Note (II): All necessary documents and photos must be attested by Proposer or Secunder

Approved in theth Central council meeting/Annual General Meeting

Countersigned by

held on.....

Chairman Membership Committee

Member Secretary

7.0 INFORMATION FOR APPLYING FOR MEMBERSHIP OF THE CEAB

Category	Subscription Rate				Others	
	Entrance Fee (Tk.)	Annual Subscription (Tk.)	ID Card Fee (Tk.)	Total (Tk.)	Age in years (At least)	Experience of Service(Minimum)
Fellow	1000.00	1000.00	300.00	2,300.00	35	10 years (if General Member) 15 years (if Non member)
Member	1000.00	600.00	300.00	1,900.00	25	3 years (if Non member) 2 years (if Associate member)
Associate Member	300.00	300.00	300.00	900.00	-	B.Sc Engg. Or Equivalent

Please enclose attested copies 1. Photo PP Size (2 copies) 2. Certificates of ALL academic records, 3. Transcripts of ALL academic records, 4. Certificate of other Professional Bodies (if any). 5. NID (Photocopy) 6. Receipt of the Membership fee