



Bangladesh Endocrine Society (BES)

Membership Application Form

1 Copy
PP Size
Photo

[Please type or write in CAPITAL LETTERS]

Personal Information			
Name in Full	First	Middle	Last
Date of Birth	dd	mm	yyyy
Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female			
Father's Name:		Mother's Name:	
Spouse Name:			
Phone Number (s):			
Email:			
National ID No:			
Present/Mailing address:			

Essential Supporting Information					
Name of Degree	Year of passing	Name of institute	Name of University	BMDC Registration Number	BMDC Registration Year
MBBS					
MD (Endocrinology & Metabolism)					
FCPS (Endocrinology & Metabolism)					
DEM (Endocrinology & Metabolism)					
MPhil (Clinical endocrinology)					
Equivalent foreign post-graduate Degree/Diploma in endocrinology					
Post graduation in other field					

Active participation in the field of endocrinology or research activity with endocrine disorders(for associate members).	Institute / Hospital	From	To

Please attach the copy of:

- 1.National ID Card.
- 2.BDMC Registration Certificate.
- 3.Certificates of all Degree/Diploma/ Fellowship.
- 4.Proof for active participation in the field of endocrinology or research activity with endocrine disorders (**for associate members**)

Current Membership in other Organization (Local or Foreign)	
Name of Organization	
Position	
1	
2	
3	
4	
5	
6	
7	
8	

Current Appointment / Position		
Designation	Hospital / Institute / Workplace	From

Reference-(General or Life Member of BES)				
Certified that I know Dr..... and that the particulars furnished by him/her are true to the best of my knowledge				
	Name	Designation	BES Member No.	Signature & Date
Proposed by				

Membership Category and Fees (Please mark one)		
Category	Fee	Validity
<input type="checkbox"/> General Member	1000/-	for 2 years
<input type="checkbox"/> Life Member	10,000/-	for Life long
<input type="checkbox"/> Associate Member	600/-	for 2 years

Payments Information of Membership Fee- (Must attach a copy of money receipt with form)		
Date of Payment	Money Receipt Number	Amount

Declaration

I hereby declare that the information given above is true & correct and I assure that if at any time any statement given above is found incorrect or false, my membership, if granted will be liable to be cancelled and the fee paid by me will not be refunded.

I hereby undertake that I shall abide by the Rules and Regulations of the Bangladesh Endocrine Society (BES).

- Check that all requirements in the application form has been fulfilled.
- Ensure that the form is signed by applicant.
- Submit the application form to the General Secretary of BES with due payment.
- One copy of passport size photograph must be attached.
- Receive an acknowledgment with payment receipt.
- Confirmation of Membership will be decided in the executive committee meeting of BES.

Signature:

Date:

Area of Clinical Interests

Which of the following best describes your area(s) of interest as a member of BES(**Maximum 05**)

Adrenal	Parathyroid, Calcium And Bone Metabolism	Sexual Dysfunctions
Hyperaldosteronism	Hypercalcemia	Testosterone Deficiency in Male
Adrenal Cushing's syndrome	Hypocalcemia	Female Hypogonadism
Adrenal insufficiency	Osteoporosis	Female Sexual Dysfunctions
Pheocromocytoma		Male Sexual Dysfunctions
CAH	Pituitary	
	Hypopituitarism	Obesity & Metabolic Disorders
Diabetes Mellitus	Pituitary tumors	Childhood Obesity
Aetiopathogenesis and diagnosis	Diabetes insipidus	Adult Obesity
Diabetes Management	SIADH	Eating Disorders
Acute complications		Nutrition
Chronic complications	Pediatric Endocrinology	Lipid Disorders
Genetics of Diabetes	Diabetes in children and adolescents	Miscellaneous
Diabetes in Young	Growth and stature	Inborn errors of metabolism
Micro or Macronutrient disorders	Delayed and precocious puberty	Spontaneous hypoglycemia
	Disorders of sexual differentiation	Endocrine Neoplasia
Reproductive Endocrinology		Endocrine diseases in pregnancy
Hirsutism	Thyroid	Transgender medicine
PCOS	Hyperthyroidism	Endocrine Neoplasia
Menstrual disorders	Hypothyroidism	
Female infertility	Thyroid in pregnancy	Others (Please mention below)
Hormone replacement therapy	Thyroid nodule	
Male Infertility	Thyroid Malignancy	

Which is your primary area of interest (write one of the ticked above)? :

FOR OFFICIAL USE ONLY

Date of application received.....

<i>Approval of Membership Sub-Committee of BES-</i>			
Name	Designation	Signature & date	Any comment

Finalization

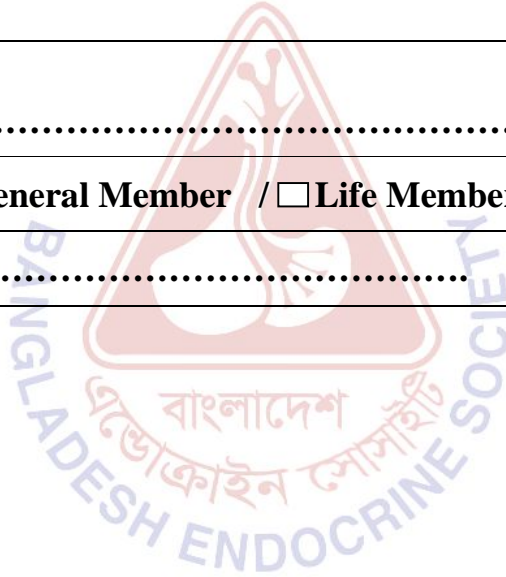
Full Name of Member:

.....

Membership Category: **General Member** / **Life Member** / **Associate Member**

Membership Number:

Signature with seal:



President
Bangladesh Endocrine Society (BES)

General Secretary
Bangladesh Endocrine Society (BES)