

Passport size photo

**Bangladesh Society of Plant Science and Technology**

**(BSPST)**

Membership Application Form

Name (Block letter)………...................................................................................................................................

Father’s Name …………..................................................................................................................................

Mother’s Name ………….................................................................................................................................

Date of Birth ………….................................... National ID /Passport Number............................................

Occupation ….………………………………… Designation …………………………………………………..

Affiliation ………....................................................................................................................................

 …...........................................................................................................................................

Contact Address ………….................................................................................................................................

 ………….................................................................................................................................

E-mail ……….. ……………………………………… Cell phone…………………………………………

Permanent Address .................................................................................................................................

 .................................................................................................................................

Type of Member( Life/General/Fellow/Associate/Student) …………………………………………………………..

ORCID ID .................................................................................................................................

Academic Qualification

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Degree | University | Passing year | Major Discipline |
| B.S.(Ag/Equivalent) |  |  |  |
| M.S./Equivalent |  |  |  |
| Ph.D./Equivalent |  |  |  |

Field of Specialization ......................................................................................................................................

Experinces (posts hold) ......................................................................................................................................

Signature of Applicant

Date:



**For Official Use Only**

**Approved as**

Membership type : Life General Fellow Associate Student

Membership Number:.....................Date of Entry..........................Signature of Secretary Signature of President