

**ঢাকা বিশ্ববিদ্যালয় প্রাণিবিদ্যা অ্যাসোসিয়েশন**  
**Dhaka University Zoology Alumni Association (DUZAA)**

Membership Number: .....

[Please use capital letters to fill up this form and attach two copies of PP size recent photographs]

Personal information			
Name:		Admission Session/ (Batch No.):	
Name in Short:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: / /	BG:
Address	Mailing:		
	Residence:		
	Office:		
	Permanent:		
Contact	Cell:	E-mail:	
	Off:	Fax:	
	Res:	Web:	
Professional Detail			
Profession	Business/Service/Others/Household	Position:	
Organization		Role	
Educational Information			
Name of Degree	Session	Year of Passing	Batch No.
B.Sc (Hons.) /BS (Hons.) /B.Sc.(Pass)			
M.Sc /MS			
M.Phil /Ph.D			
Other Information [Non-professional Socio-Cultural Activities]			
Hobby			
Organizational Experience	<u>Organization</u>	<u>Served as</u>	
	1.	1.	
	2.	2.	
	3.	3.	
	4.	4.	
5.	5.		
Family Information			
Name of Spouse:		Date of Marriage: / /	BG:
Profession	Position:		
Children	Name	sex	Date of Birth
	1.	<input type="checkbox"/> B/G <input type="checkbox"/>	/ /
	2.	<input type="checkbox"/> B/G <input type="checkbox"/>	/ /
	3.	<input type="checkbox"/> B/G <input type="checkbox"/>	/ /
4.	<input type="checkbox"/> B/G <input type="checkbox"/>	/ /	
Member's Signature: .....		Secretary's Signature: .....	
Date: / /		Date: / /	

Contact: [sagir@du.ac.bd](mailto:sagir@du.ac.bd); Cell: 01552422621; 01711586505; <http://duzaa.org>

Registration Fee: Life Member 2000/-, General Member 500/-, Donor Member 50,000/-