

Ahsania Mission Shastho Shurokkha Forum

Membership Form

| ١ | P | h | 0 | t | C |
|---|---|---|---|---|---|
| | | | | | |

| Membership No | . 201 _ | | | | | | | | |
|---|------------------|---------|--------|---------|--------------|---------|--------------------------|-----------------|--|
| PERSONAL INFORMATION Name: | | | ⋜ | ाश्लाः | | | | | |
| Father's Name: | | | | | | | | | |
| Mother's Name: | | | | | | | | | |
| Date of Birth:// | | | | | | | Gender: | ☐ Male ☐ Female | |
| Mailing Address (Present) | · | | | | | | | | |
| House/Village: | Road/Post: | | | | | Upazlia | | | |
| City: | District: | | | | Postal Code: | | | | |
| Mailing Address (Permanent) | Da a d / Da atr | | | Upazlia | | | | | |
| House/Village: | Road/Post: | | | | | | Upazlia: Postal Code: | | |
| City: | | | | | | | | | |
| | mail: Mobile No: | | | | | | | | |
| | | | | | | | | | |
| PROFESSIONAL INFORMATION Profession: | | | | | | | | | |
| Current Position: | | | | | | | | | |
| Organization Name: | | | | | | | | | |
| Address: | | | | | | | | | |
| Preferred Area of Expenditure, If a | ny plea | se tick | (| | | | | | |
| ☐ Hospital Set Up/Equipment Purchase ☐ Mother & Child Care ☐ Drug Prevention & Treatment | | | | | | | | | |
| ☐ Tobacco Control ☐ HIV Preven | tion [|] Any l | Health | Progr | am | | | | |
| Category of Membership: Regul | ar Mem | ber [| Life | Meml | per [|] Patr | on | | |
| Amount: Amount In Words: | | | | | | | | | |
| Mode of Payment: Cash E | Bank | | Mobil | e banl | king | | | | |
| For Mobile Banking Pay The Amount To bKash No-01782618661 | | | | | | | | | |
| For Payment Through Bank Please F | | | _ | | | | | | |
| | Account Title: | | | | | | | | |
| | Branch: | | | | | | | | |
| Account No: | | Rout | ing No | : | | | SWIFT C | lode: | |
| DECLARATION & SIGNATURE I hereby declare that all the information given in this form are correct to the best of my knowledge. I also declare that I will abide by the guideline set by Ahsania Mission Shastho Shurokkha Forum. | | | | | | | | | |
| Applicant Signature Date:/ | I | Recom | mend | ed by | | | | Approved by | |

| Date:// | | | Photo |
|--|--------|---|--------------------------|
| Date: | | | |
| | | | |
| | | | |
| То | | | |
| The Manager | | | |
| , and the second | | | |
| | | Bar | nk |
| | | Bra | inch |
| Cubulmetuustisus fau | | | |
| Sub: Instruction for | mon | thly money transfer | |
| Dear Sir, | | | |
| Greetings! | | | |
| | - | ou to transfer an amount of Tk | |
| (Taka | | Only) reg | gularly at each month to |
| Account Title | : | Ahsania Mission Shastho Shurokkha Forum | |
| Account Number | : | (SB:)- 3512100018714 | |
| Name of the bank | : | Southeast Bank Limited | |
| Branch | : | Shyamoli | |
| Routing No | : | 205264304 | |
| SWIFT Code | : | SEBDBDDHSYM, | AL MA |
| Address of the Bank | (: | ASA Tower (2nd Floor), 23/3 & 23/14, Bir Uttam A.I Nuruzzaman Sarak, Shyamoli, Mohammadpur, Dhal | |
| | | Narazzanian Sarak, Siryanioti, Mohammadpai, Dhar | (8-1207. |
| By debiting from my | / acco | ount [A/C no | |
| | | at | |
| | | month) | |
| | | | |
| Thanking you for yo | ur co | operation. | |
| V. 61 | | | |
| Your Sincerely, | | | |
| | | | |
| Signature | | | |
| A 16 | | | |
| A d d | | | |
| Address | | | |
| | | | |

Health Sector, Dhaka Ahsania Mission: House: 152, Block: Ka, PC Culture Housing Society, Shyamoli, Dhaka-1207, Bangladesh Phone: +88 02 58151114, Mobile: +88 01782618661, +88 01714088968 Web: ahsaniamission.org.bd; amic.org.bd