



Please attach  
1 passport size of  
your recent  
photograph

# IUB GYMNASIUM

Make your life healthier

## REGISTRATION FORM

Date: .....

Gender:  Male  Female

Employment Status:  Full Time  Part Time  Contractual  Foreign

Name: ..... Employee ID:.....

Department: ..... Designation: .....

Contact No.: ..... E-mail: ..... Blood Group: .....

**Membership Validity & Amount (Please put tick mark any ONE):**

- 1 Sep'16 – 31 Dec'16 (4 Months) : Tk. 500/-
- 1 Jan'17 – 31 Dec'17 (1 year) : Tk. 1300/-
- 1 Jan'17 – 30 Apr'17 (4 Months) : Tk. 500/-
- 1 May'17 – 31 Aug'17 (4 Months) : Tk. 500/-
- 1 Sep'17 – Dec'17 (4 Months) : Tk. 500/-

**Please Note:**

- The Registration Fees are to be paid at Accounts Office.
- Time limit for each member will be maximum 1 (one) hour.**
- There is partition exclusively for female members.

<b>A clearance (Signature &amp; Official Seal) is mandatory from the Dean/Head of the respective Department <u>only</u> in case of Part Time/ Contractual/ Foreign Employment</b>	Signature with Official Seal of Dean/Head:
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*\*\*For further information, please contact to DoSA office, Room 1009, Ext. 1850, 1851.*

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Applicant's Signature

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DoSA Authority's Signature