



IUB GYMNASIUM

Make your life healthier

Faculty & Management 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 Jan'18 – 31 Dec'18 (1 year) : Tk. 1300/-
- 1 Jan'18 – 30 Apr'18 (4 Months) : Tk. 500/-
- 1 May'18 – 31 Aug'18 (4 Months) : Tk. 500/-
- 1 Sep'18 – Dec'18 (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.

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

Applicant's Signature

DoSA Authority's Signature