Bangladesh Academy of Clinical Research Society

Membership Application

For General, Life and Associate Members

To apply for membership:
1. Please complete all fields in BLOCK LETTERS and sign the application below.
2. Attach the documents listed on the last page and enclose the fee (or payment details), then submit to the Secretariat by hand, post or e-mail.

1. Applicant Information

Full name			Affix passport-size photograph
Father's name	Mother's name		
Date of birth (DD / MM / YYYY)	Nationality	National ID / Passport No.	
Present address			
Permanent address			
Mobile	Telephone (office / chamber / residence)	Preferred e-mail address (required for notices and online benefits)	

Mailing address preference

☐ Present address ☐ Permanent address ☐ Office ☐ Chamber

2. Professional Registration and Specialization

BMDC registration no.	Date of registration	Valid until / renewal date
Present designation / position	Institution / organization	
Field of specialization (primary)	Secondary specialization (if any)	

Area(s) of interest in clinical research

☐ Clinical trials ☐ Epidemiology ☐ Biostatistics ☐ Pharmacovigilance

☐ Regulatory affairs ☐ Research ethics / IRB ☐ Data management ☐ Other: _____

3. Educational Qualification

Degree	University / institution	Country	Year

4. Postgraduate Training

Training / program	Institute	Period (from – to)

5. Training and Experience in Clinical Research

Training / course / project	Organization	Year / duration

Good Clinical Practice (GCP) certification

☐ Yes ☐ No Certificate no. / year: _____

Publications in peer-reviewed journals (number; attach list)	Research projects as PI / Co-PI (number)
National: _____ International: _____	

6. Membership in Other Professional Bodies

Name of professional bodies and membership / fellowship numbers

7. Membership Category and Fees

Category of membership applied for

☐ General Member – Tk. 500 per year ☐ Life Member – Tk. 5,000. ☐ Associate Member – Tk. 2,500

Mode of payment

☐ Cash ☐ Cheque / pay order ☐ Bank deposit ☐ Mobile banking

Amount paid (Tk.)	Money receipt / transaction no.	Date of payment

8. Declaration and Signature

DECLARATION OF APPLICANT: I affirm that I hold a valid registration with the Bangladesh Medical & Dental Council (BMDC) or the relevant regulatory body, and that I have not been the subject of disciplinary action.* I understand that the Society will review my credentials and I agree to cooperate in such a review. To the best of my knowledge, all information furnished by me in this application and in the supporting documents is true and complete. I agree to abide by the constitution of the Society and to uphold the ethics of clinical research and medical practice.

☐ ***Check here if your registration is not in good standing, or if you have been subject to disciplinary action, and attach a detailed explanation, including current status.**

Signature of applicant (required)	Date

FOR OFFICE USE ONLY

Application no.	Received on	Approved by Executive Committee on	Membership no.

Payment received (Tk. / receipt no.)	Remarks

Please attach the following:

☑ Curriculum vitae with copies of postgraduate / degree certificates and training certificates

☑ Copy of current BMDC registration certificate (or relevant regulatory body)

☑ Copy of GCP certificate and list of publications / research projects (if any)

☑ Passport-size photograph – one copy

☑ Membership fee or proof of payment

☑ List of all publications in national and international peer-reviewed journals.

Criteria for membership:

- General / Life Member – Medical or postgraduate qualification recognized by BMDC, valid BMDC registration, and active involvement in clinical research or related practice.
- Associate Member – Graduates and postgraduates interested in clinical research but not yet eligible for General membership.

PHOTOCOPY OF THIS FORM IS ACCEPTED