



MEDICAL COLLEGE FOR WOMEN & HOSPITAL

Plot-4, Road-9, Sector-1, Uttara Model Town, Dhaka-1230

www.medicalcollegeforwomen.edu.bd

25th Years Celebration

Date: 27, 28 & 29th December 2017

Photo
(PP size-1 copy)

REGISTRATION FORM

Basic Information

Name of the participant:

Address:

Area Thana City/District

Mobile: (1) (2)

Email:

Category & Registration fees

- | | |
|---|-------------|
| <input type="checkbox"/> Present Student: Batch: MCW- | Tk. 1000.00 |
| <input type="checkbox"/> Former Student: Batch: MCW- | Tk. 2000.00 |
| <input type="checkbox"/> Teacher/Doctor | Tk. 3000.00 |
| <input type="checkbox"/> Office Staff (Grade I – VII) | Tk. 3000.00 |
| <input type="checkbox"/> Office Staff (Grade VIII – X) | Tk. 2000.00 |
| <input type="checkbox"/> Office Staff (Grade XI – XX) | Tk. 1000.00 |
| <input type="checkbox"/> Office Staff (Daily Basis) | Tk. 500.00 |
| <input type="checkbox"/> Guest (per person, including child, except below 2 years, maximum 3) | Tk. 3000.00 |
| <input type="checkbox"/> AC Name-25 Years Celebration, MCWH, AC No. 0170162585001 | |

* Schedule Registration will be closed 7 days before the program.

* Limited spot registration can be done with 10% extra charge only on 1st day of the program.

* All kinds of Registration fee is non refundable.

* Emergency contact: medicalcollegeforwomen@yahoo.com

Dr. Kangka- 01911-303625, Dr. Mitu- 01709-664049.

OFFICE USE ONLY

Name of the participant:

Mobile: Email:

Reg. No. Reg. Fee Pay slip No.

Chairman
Registration committee

Organizing Secretary
25th yr celebration committee

Co Chairman
25th yr celebration committee

PARTICIPANT'S COPY

Name of the participant:

Mobile: Email:

Reg. No. Reg. Fee Pay slip No.

Treasurer
25th yr celebration committee

Member Secretary
25th yr celebration committee

Chairman
25th yr celebration committee