

Association of Teleradiology Bangladesh
ATB Membership Application Form (Company)

Applicant details	
Name of Company (in English):	
Name of Company (in Bengali):	
Trade license No	:
TIN No	:
BIN No (if Any)	:
Company Est. year	:
Name of Managing Director :	
Company Address :	
Company Contact number :	

Member ID No:	Money Receipt no:
Member Issue Date :	Expiry date :

To
The President/ General Secretary of ATB
I have the honor to state that I would like to offer myself as member of ATB for your kind consideration.
Under the circumstances, I would request you to approve me as a member of Association of Teleradiology Bangladesh (ATB).

President
Association of Teleradiology Bangladesh

General Secretary
Association of Teleradiology Bangladesh

Acknowledgement receipt

Name of Company:		
Company Address		
Member ID No:		

Thank you for application to ATB. Your application has been approved by the executive committee of ATB.

President
Association of Teleradiology Bangladesh

General Secretary
Association of Teleradiology Bangladesh