



Alumni Association of Bogura Polytechnic Institute (AABPI)
উন্মোচিত হবে সম্ভাবনার দোয়ার সাথে থাকুন ভালোবাসায়

PERSONAL INFORMATION

Name*	Date of Birth*
<input type="text"/>	<input type="text"/>
Mobile Number*	Email*
<input type="text"/>	<input type="text"/>
Permanent Address*	Present Address*
<input type="text"/>	<input type="text"/>
Gender*	Blood Group*
<input type="text"/>	<input type="text"/>
Department*	Batch*
<input type="text"/>	<input type="text"/>
Passing Year*	
<input type="text"/>	

EDUCATIONAL INFORMATION

Sl.	Degree Name	Subject	Passing Year
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

CAREER INFORMATION

Name of the Organization*	Address of the Organization*
<input type="text"/>	<input type="text"/>
Type of the Organization*	Current Designation*
<input type="text"/>	<input type="text"/>

PAYMENT & LOGIN INFORMATION

Membership Type*	Registration Fee*
<input type="text"/>	<input type="text"/>
Transaction ID*	User Name*
<input type="text"/>	<input type="text"/>
Password*	Re-enter Password*
<input type="text"/>	<input type="text"/>

☐ I Agree with all Terms & Conditions

SUBMIT