icddr,b Alumni Association

Alumni Secretariat
SWA Office, icddr,b, Mohakhali, Dhaka 1212
Bangladesh

Photograph

Application for issuing of icddr,b alumnus Card

(Please submit this format to the Head, HRD of icddr,b)

01. Name: Dr/Mr/Mrs: _____

02. Last designation: _____

03. Employee No. _____

04. Department/Project/Division: _____

05. Worked at the Centre: From _____ to _____
dd/mm/yy dd/mm/yy

06. Spouse name: _____

07. Present address: _____

_____

08. Permanent address: _____

_____

09. Email address: _____

10. Tel./Mobile # (Country code + area code) _____

11. Memorable event during your time with the Centre you would like to put on record.

_____

_____

_____ _____
Signature of alumnus Date: dd/mm/yy

N.B: Contact email of President, iAA: dranjuman@yahoo.com

Note: Please submit this format (properly filled-in and duly signed) to the Head of HR, icddr,b with a copy to President, icddr,b Alumni Association