

APPLICATION FORM FOR MEMBERSHIP



नेपाल अर्थोपेडिक संघ

NEPAL ORTHOPAEDIC ASSOCIATION (NOA)

CENTRAL OFFICE, KATHMANDU, NEPAL

Name: Dr. Forename Midname Surname

Date of Birth Sex Citizenship

Address: (A) Residential:

(i) Permanent Tel No:

(ii) Present (if other than permanent address)

Mobile: Email:

Tel No: P.O. Box No:

(B) Professional Designation:

(i) Hospital/Office Tel No: P.O. Box No:

(ii) Clinic: Tel No: P.O. Box No:

Nepal Medical Council Regn. No. Other Regn. No./s:

Professional Qualification/s: Speciality:

Degree/Diploma/Fellowship/Post Graduate/etc	University/Institution	Year
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I hereby declare that the above statements are true and shall abide by the rules & regulations of the constitution of the N.O.A. I will inform N.O.A. in case of any change in above details.

Enclosure:

1. Photocopy of Citizen Certificate
2. Photocopy of Degree/Diploma/Fellowship/Post Graduate
3. Passport size photo 1, ID-CARD size (2.5cm x 2.5cm) photo 2

Signature

Sponsored by: Dr.

Signature: NMC Regn. No. NMA Mem. No.

FOR THE USE OF NEPAL ORTHOPAEDIC ASSOCIATION

Accounts Section Executive-Meeting No. Admission
 Accounts Section Date: Entered in the Register

1. Admission fee Rs.
 2. Life member fee Rs.
- Total

ENDORSED as LIFE/ASSOCIATE/FULL MEMBER

Membership No.

R. No.
 Date: Initial

Date: Administrator