



नेपाल चिकित्सक संघ

NEPAL MEDICAL ASSOCIATION

Central Office, Siddhi Sadan, Exhibition Road
P. O. Box 189, Kathmandu, Nepal Phone No. 225 860 Fax 225 300

Founded: 20 Falgun 2007
(4th March 1951)

Name : Dr. _____

Date of Birth : _____ Sex : _____ Citizenship : _____

Address
Permanent _____

E-mail: _____ Tel/Mob: _____

Present : _____
(If other than permanent address)

_____ Tel : _____ P. O. Box : _____

Hospital / Office : _____ Tel : _____

Designation (पद): _____ P. O. Box : _____

Clinic : _____ Tel : _____ P. O. Box : _____

Nepal Medical Council Regd. No. _____ Other Regd. No. _____

Professional Qualifications : _____ Speciality : _____

Diploma / Degree / Fellowship / Post Graduate etc. **University / Institution** **Year**

I hereby declare that the above statements are true and shall abide by the rules and regulations of the constitution of the Nepal Medical Association. I will inform NMA in case of any change in above details.

Enclosures :

1. Attested Photocopy of Citizenship Certificate
2. Attested Photocopy of Registration of Nepal Medical Council (NMC)
3. Passport size photo 2

Applicant's Signature

Date : _____

Recommended by : Dr. Signature :

NMA No.

NMC No.

FOR THE USE OF NEPAL MEDICAL ASSOCIATION**Account Section**

- | | |
|---------------------|------------|
| 1. Admission Fee | Rs. |
| 2. Mem. Fee | Rs. |
| 3. Life Mem. Fee | Rs. |
| 4. ID and Cert. Fee | Rs. |
| Total | Rs. |

Executive Meeting No.

Date : _____
Endorsed as **LIFE MEMBER**

Administration

Entered in the Register
MEMBERSHIP NO :

R.No _____

Date : _____ Initial _____

Hony. General Secretary

Administrative Officer