



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  
(4<sup>th</sup> 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 I. Sc. ( Certificate Level)
3. Attested Photocopy of Registration of Nepal Medical Council ( NMC)
4. Attested Photocopy of Diploma / Degree / Fellowship / Postgraduates
5. 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.        |
| <b>Total</b>        | <b>Rs.</b> |

**Executive Meeting No.**Date : \_\_\_\_\_  
Endorsed as **LIFE MEMBER****Administration**Entered in the Register  
**MEMBERSHIP NO :**


R.No \_\_\_\_\_

Date : \_\_\_\_\_ Initial \_\_\_\_\_

**Hony. General Secretary****Administrative Officer**