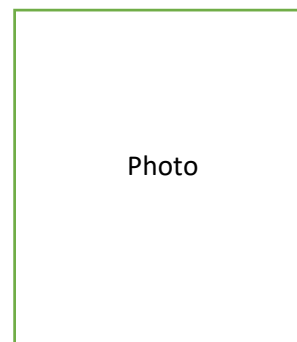


Application for Membership



NEPAL HAND SURGERY SOCIETY (NHSS)

CENTRAL OFFICE, CHHETRAPATI, KATHMANDU, NEPAL.



Name: Dr..... (Forename/ mid name/surname)

Date of Birth..... Sex..... Citizenship.....

Address: Residential:

i) Permanent.....

..... Tel No.....

ii) Present (if other than permanent address).....

Mobile..... Email.....

Tel No.....

Professional Address

i) Hospital/ Office.....

..... Tel No.....

ii) Clinic.....

..... Tel No.....

Nepal Medical Council Regn. No.....

Nepal Orthopedic Association Regn. No.....

Other Regn. No (if any).....

Professional Qualifications:

Speciality

Degree/Diploma/Fellowship/ Post Graduate

University/ Institution

year

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I hereby declare that the above statements are true and shall abide by the rules and regulations of the constitution of the N.H.S.S. I will inform N.H.S.S in case of any change in the above details.

Enclosure:

- 1. Photocopy of Citizen Certificate
2. Photocopy of Degree/ Diploma/ Fellowship/Post Graduate
3. Nepal Medical Council Registration Certificate(after PG)
4. Passport Size photo 2, ID- card

Membership Type: 1. Life Member [] 2. General Member [] 3. Associate Member [] 4. Affiliate Member []
5. International Member [] 6. Honorary Member []

Applicant Name:

Signature:

Date:

Recommended by:

1). Dr.....

Signature..... NMC Regn. NO..... NHSS Mem. NO.....

2). Dr.....

Signature..... NMC Regn. No..... NHSS Mem. NO.....

FOR THE USE OF NEPAL HAND SURGERY SOCIETY

Accounts Section

Executive Meeting No

Admission

Accounts Section

Date.....

Entered in the Register

- 1. Admission Fee.....Rs
- 2. Life Member fee.....Rs
- 3. Associate member fee.....Rs
- 4. General member fee.....Rs
- 5. Affiliate member fee.....Rs

Membership Number

Administrator

.....

Date:.....