

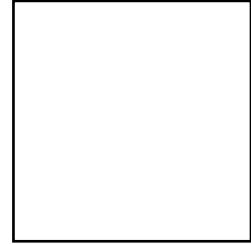
APPLICATION FORM FOR MEMBERSHIP

**NEPAL RADIOLOGISTS' ASSOCIATION**

NMA Building, Siddhi Sadan, Kathmandu, Nepal  
Email: nepal.radiologyassociation@gmail.com

Founded (23<sup>rd</sup> Mangsir 2051/9<sup>th</sup> December 1994)

Reg. No: 215/051/052



Name: Dr.

PASSPORT SIZE  
PHOTO

First Name                      Middle Name                      Last Name

Date of Birth:                      Sex:                      Citizenship:

Address

(A) Residential

(i) Permanent

(ii) Present (If other than permanent address):

(B) Professional

Designation

(i) Hospital/Office

(ii) Clinic:

Contact No.:

Email:

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

Professional Qualifications :                      Speciality :

Degree /Diploma /Fellowship/Post Graduate                      University /Institution

I hereby declare that the above statements are true and shall abide by the rules and regulations of the Nepal Radiologists' Association. I will inform, association of any change in information.

**Enclosure:**

1. Attested Photocopy of Citizenship Certificate
2. Attested Photocopy of NMC Specialization Certificate
3. Passport Size photo 1, ID CARD size (2.5cm x 2.5cm) Photo 2.

.....  
**Signature**

**FOR THE OFFICIAL USE**

<b>Account Section</b>	<b>Executive Meeting No.</b>	<b>Admission</b>
<b>Account Section</b>	<b>Date:</b>	<b>Date:</b>
<b>1. Admission Fee Rs:</b>	<b>ENDORSED as LIFE / ASSOCIATED / ORDINARY MEMBER</b>	<b>Membership No.</b>
<b>2. Membs.Fee Rs:</b>		<b>Date:                      Administrator</b>
<b>Membership type</b>	<b>Hon General Secretary</b>	