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**Nepal Association of Urological Surgeons (NAUS)
MEMBERSHIP APPLICATION FORM**

Membership applied for: Full member Associate member International member

Personal information:

Name: _____
(Use block letters) (First name) (Middle name) (Last name)

Gender: Male Female

Date of birth: ____ / ____ / ____ BS ____ / ____ / ____ AD
(dd/mm/yyyy)

Nationality: _____ Citizenship certificate No.: _____

Address for correspondence:

1. Residence:

House No. _____ Ward No. _____ Street name: _____

Village/Municipality: _____ District: _____

Province: _____ Country: _____

2. Current Working Institute:

Name: _____

Address: _____

Designation: _____

Tel No: _____ Fax No. _____ Email: _____

Professional qualifications:

Graduation/Degree	Institution/Country	Year obtained

Nepal Medical Council (NMC) Registration no.: _____

Nepal Medical Association Registration no.: _____

Sponsors (should be full members of NAUS):

Name: _____ Address: _____

Signature: _____ NAUS no.: _____

Enclosure:

	Yes	No
1. Photocopy of citizenship certificate	<input type="checkbox"/>	<input type="checkbox"/>
2. Photocopy of post graduate / Professional degree	<input type="checkbox"/>	<input type="checkbox"/>
3. Photocopy of NMC registration as Urologist	<input type="checkbox"/>	<input type="checkbox"/>
4. Passport size photo 2 copies	<input type="checkbox"/>	<input type="checkbox"/>

Declaration

I hereby declare that all the details provided by me are correct and I will abide by the constitution of NAUS. I will inform NAUS in case of any change in above details.

Signature of the applicant

Date:

For NAUS official use:

Application received date:

Membership fee: Cash Bank deposit

Allotted membership type: _____

Allotted membership no.: _____

Membership approved date: _____

Membership approved by: _____

General Secretary

President