

अनुसुची २

सदस्यता दर्ता फारम

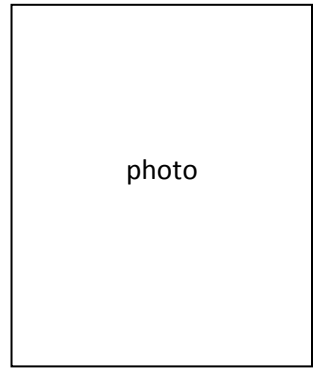
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Name :

Sex: NMC Reg.NO : DOB :.....

Qualifications:

University	Year
(a)	
(b)	
(c)	

Address :

Contact ph No : Mobile :..... Blood Group:.....

office Designation

Email: Subspeciality Interst:

Introduced by Dr. NEPAS membership no.

I hereby declare that the statement made above are true and shall abide by the rules and regulation of the society.

Signature:

Date: