

**अनुसूचि-२**  
(दफा-१० संग सम्बन्धित)  
**NEPAL PAEDIATRIC SOCIETY (NEPAS)**  
**Application for Chapter Membership**

1. Name of Chapter:
2. Name of Applicant:
3. DOB:
4. Mobile No:
5. E-Mail:
6. Citizenship No:
7. NMC Number:
8. NEPAS Membership No:
9. Work Experience for the applied chapter:

10. Qualifications:

SN	Degrees	Institution	Year	Remarks
1.	MBBS			
2.	MD			
3.	DM/MCh			
4.	Fellowship			
5.	Training			
6.	Others			

11. Present Address (Home):

12. Present Address (Institution/Hospital/Clinic)

Submitted by:  
(Chapter Member)

Signature:

Name:

Mobile No.

Address:

Verified by  
(Chairperson)

Signature:

Name:

Mobile No.

Address:

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FOR OFFICE (NEPAS) USE ONLY: -

Application Accepted by (Office Assistant):

Application Reviewed by (Chapter Chairperson):

Application Approve by (Gen Sec NEPAS):

Application Discussion NEPAS ExCom Meeting (Date):

Final Approval by (Vice President NEPAS):

Certified by (President NEPAS):