

**अनुसूचि-१**  
(दफा-८ को नोट सँग सम्बन्धित)

**NEPAL PAEDIATRIC SOCIETY (NEPAS)**  
**Application for Opening of Chapters**

1. Name of Chapter:
2. Date of Application:
3. Synopsis about the Chapter:

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4. Proposed Chairperson:

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5. Proposed Number of Members:

6. Associate Members (NON NEPAS Member, if any,)

Submitted by  
(Chapter Member):

Verified by  
(Chairperson)

Signature:

Signature:

Name:

Name:

Mobile No.

Mobile No.

Address:

Address:

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**FOR OFFICE (NEPAS) USE ONLY: -**

Application Accepted by (Office Assistant):

Application Reviewed by (Chairperson of Subspecialty Chapter):

Application Approved by (Gen Sec NEPAS):

ExCom Meeting (Date):

Final Approval by (Vice President NEPAS):

Certificate of Chapter Opening by (President NEPAS)