PSYCHIATRIST'S ASSOCIATION OF NEPAL (PAN)
APPLICATION FOR MEMBERSHIP

1. **Full Name:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(in block letters) First Name Middle Name Last Name

2. **Date of birth** (DD/MM/YYYY) ☐☐☐☐☐☐☐☐ Place of birth ....

3. **Designation:** ....
Name of the institution ....
Tel. No. .... Mobile .... Residence ....

4. **Mailing address: Institution** ....
Street .... Ward No. .... City ....
District .... Zone .... Region ....
Tel. No. .... Mobile .... Residence ....
Fax .... E-mail ....

5. **Category of membership applied for:** ☐ Life-Member ☐ Associate Member ☐ Fellow Member

6. **Academic Qualification:**

Degree / Diploma	University	Year

7. **Professional training:**

Name	Institution	Period

8. **DECLARATION:**
a) I solemnly affirm that i will uphold the aims and objective of the Psychiatrist's association of Nepal to the best of my ability and agree to abide by its constitution and by-laws, which may come to force time to time.
b) I have been/not been a member of the Psychiatrist's Association of Nepal in the past.
c) No dues are pending against me.

APPLICANT'S SIGNATURE: .... **Date** .... **Place** ....

9. **PROPOSED BY: Name in block letters**
Signature .... Date .... Place ....

10. **SECONDED BY: Name in block letters:** ....
Signature .... Date .... Place ....

11. **FOR OFFICE USE ONLY:**
The decision of the Executive Committee:
a) Membership granted/ not granted
b) Decision No:..........Date..........Place..........
c) Membership Number..........
d) Signature of the General Secretary..........