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. **SECONDED BY: NAME:.......... NMC NO:..........CITIZENSHIP NO:..........**

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..........