



नेपाल शल्य-चिकित्सक समाज

SOCIETY OF SURGEONS OF NEPAL (SSN)

CENTRAL OFFICE, KATHMANDU, NEPAL

APPLICATION FORM FOR MEMBERSHIP

MEMBERSHIP TYPE: Full Member ; **Associate Member:** (Tick the appropriate box)

Name: Dr.

Forename

Midname

Surname

PASSPORT SIZE

Date Of Birth

Sex

Citizenship no :

Address:

(A) Residential :

(i) Permanent :

Tel No. :

(ii) Present(if other than permanent address)

Mobile: Email :

Tel No. : P.O. Box No.:

(B) Professional

Designation :

(i) Hospital/Office

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Tel No. :

P.O.Box No. :

(ii) Clinic

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Tel No. : P.O.Box No. :

Nepal Medical Council Regn. No. Other Regn. No./s:

<http://www.ssn.com.np>
infossnepal@gmail.com

SOCIETY OF SURGEONS OF NEPAL (SSN)
C/o NMA Building, Siddhi Sadan, Exhibition Road,
GPO Box No. 8975 EPC 2588, Kathmandu, Nepal



Professional Qualification/s:

Speciality:

Degree/Diploma/Fellowship/Post Graduate/etc

University/Institution

Year

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I hereby declare that the above statements are true and shall abide by the rules & regulations of the constitution of the S.S.N. I will inform S.S.N. in case of any change in above details.

Enclosure:

1. Photocopy of Citizen Certificate
2. Photocopy of Degree/Diploma/Fellowship/Post Graduate
3. Passport size photo 1, ID-CARD size (2.5cm x 2.5cm) photo 2

Sponsored by: Dr.

Signature: _____	NMC Regn.No. _____	NMA Mem. No. _____
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FOR THE USE OF SOCIETY OF SURGEONS OF NEPAL

Accounts Section	Executive-Meeting No.	Admission
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Accounts Section Date: Entered in the Register

1. Admission fee Rs. ; Bill/ Payment no:

2. Life member fee Rs.

Total

ENDORSED as LIFE/ASSOCIATE/

FULL MEMBER

Membership No.:

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R. No.

Date:

Administrator

Date:

General Secretary

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