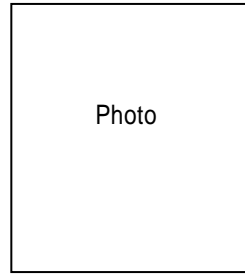




NEPAL DENTAL ASSOCIATION

Sunrise Homes, Unit No. 9D/H/47/S, Balkumari-9, Lalitpur, Nepal
Post Box 21506, Phone No. + 977-1 -2120450
www.nda.org.np
(Estd. 2047 B.S.)



Membership No.:

Date:

APPLICATION FORM FOR LIFE/ORDINARY/HONORARY MEMBERSHIP

Name: Dr. _____
Surname First Middle

Nationality: _____ Sex: _____

Date of birth: _____
Year Month Day

NMC Regd. No.: _____ Other Registration: _____

Address	
Permanent:	Present:
P.O. Box No.: Tel. No.: Fax: E-mail :	P.O. Box No.: Tel. No.: Fax: E-mail :

Employment as : _____ Position : _____

Hospital/Office:	Clinic:
P.O. Box No.: Tel. No.: Fax: E-mail :	P.O. Box No.: Tel. No.: Fax : E-mail :

Qualification: _____ Speciality: _____

Degree/Diploma/Fellowship etc.	University/Institution	Year
1.		
2.		
3.		
4.		

Special training courses (if any):

Name of training	Organized by	Period of training
1.		
2.		
3.		
4.		

Decoration / Medal / Award etc. (if any) :

Name	Awarded by	Date
1.		
2.		
3.		
4.		

Publication / Paper presentation / Research and other activities (if any) :

Name	Year
1.	
2.	
3.	
4.	

Work experience:

Place of Work	Year
1.	
2.	
3.	
4.	

Dependents (Spouse & children):

I hereby notify that, above mentioned information is correct and I promise to inform NDA in case of any change in above details

For NDA use only

Accounts Section	Executive Meeting	Administration
1. Admission Fees: Rs.	Meeting Date :	Entered in the Register as Life/Ordinary/Honorary Member
2. Life Membership Fees Rs.	Certificates Verified by:	Membership No.
3. Others Rs.		
4. Rs.	<input type="text"/>
Total Rs.	Date:	Admin Officer:
Receipt No.	Date:	Date:
Date:	Treasurer	Gen. Secretary