



**PSYCHIATRISTS' ASSOCIATION OF NEPAL
(PAN)
APPLICATION FOR MEMBERSHIP**

1. Full Name Last name:.....First name.....Second name.....
(in block letters)
2. Date of birth.....Place of birth.....
3. Designation:.....
Name of the Institution.....
Tel. No.....(Mobile).....(Office).....(Residence)
4. Mailing address: Institution.....
Street.....Ward No.....City.....
District.....Zone.....Region.....
Tel. No.....(Mobile).....(Office).....(Residence)
Fax.....E-mail.....
5. Category of membership applied for: Life-member / Associate member / Fellow member
6. Academic Qualification: Degree:.....University.....Year.....
Diploma.....University.....Year.....
7. Professional training: 1) Name:.....Institution.....Period.....
2) Name.....Institution.....Period.....
3) Name.....Institution.....Period.....

8. DECLARATION:

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

APPLICANTS' SIGNATURE:Date.....
Place.....

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

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