

Psychiatrists' Association of Nepal (PAN)



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Doctor's Data Collection Form

PARTICULARS

Name:

Sex: Male Female NMA No (if available): NMC No:

Other professional membership (please specify):

QUALIFICATIONS

Degree: BDS MBBS MD (MBBS Equivalent) Others:

Institute/Year of Graduation:

If Postgraduate; Speciality:

Institute/Year of Graduation:

Super Speciality:

Institute/Year of Graduation:

Other professional qualifications (please specify):

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CONTACT INFORMATION

Work Address	Village VDC/NP	District	Zone
.....

Email: Phone: Mobile:

Residential Address	Village VDC/NP	District	Zone
.....

Email: Phone: Mobile: