



NASG

Nepalese Association of Surgical Gastroenterology

APPLICATION FOR MEMBERSHIP

Life Member

Associate Member

Application Date: _____

PLEASE TYPE OR PRINT CLEARLY

APPLICANT'S FULL NAME:

(LAST/FAMILY NAME)

(FIRST/GIVEN NAME)

(MIDDLE NAME OR INITIAL)

PLEASE CHECK PREFERRED MAILING ADDRESS:

PROFESSIONAL ADDRESS:

(Company or Organization or Institution)

(Department)

(Title)

(Street Address)

(City)

(Zone)

(Zip/Postal Code)

(Country)

(Business Phone Number)

(Business Fax Number)

(Business E-Mail Address)

RESIDENCE ADDRESS:

(Street Address)

(House Number)

(City)

(Zone)

(Zip/Postal Code)

(Country)

(Home or Cell Phone Number)

(Personal E-Mail Address)

EDUCATION:

Medical School: Institution _____	Degree _____	Date Awarded _____
Postgraduate Training: Institution _____	Degree _____	Date Awarded _____
Super Specialty Training: Institution _____	Degree _____	Date Awarded _____
Other: Institution _____	Degree _____	Date Awarded _____

Professional Associations

Date _____

Nepal Medical Council NMC no _____

Nepal Medical Association NMA no _____ Date _____

Society of Surgeons Nepal SSN no _____ Date _____

Others – (Please Specify)

Work Experience (BEGIN WITH CURRENT):

Institution _____	Inclusive Dates _____
-------------------	-----------------------

AUTHORIZATION: I authorize the Nepalese Association of Surgical Gastroenterology to obtain information from societies, hospital staffs, members and any other source regarding this application and my qualifications for membership that will be kept confidential by the Society.

Applicant's Signature: _____

CHECKLIST FOR REQUIRED DOCUMENTS TO COMPLETE APPLICATION:

A signed, fully completed application form

A copy of your current medical license

A copy of your certificate and updated resume

Recommendations of NASG members in good standing

I know Dr _____ for ____ years. In my opinion he/she is suited to be a Life Member of the NASG.

Signature _____	Name _____	NASG Membership No. _____
-----------------	------------	---------------------------

For Office use only

Screened on _____	Eligible/ Not eligible _____	Reason _____
-------------------	------------------------------	--------------

EC on _____	Approved/ Not approved _____	Reason _____
-------------	------------------------------	--------------

GB on _____	Approved/ Not approved _____	Reason _____
-------------	------------------------------	--------------