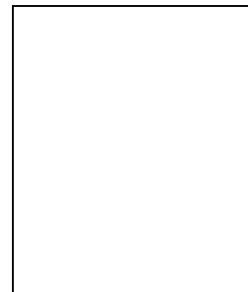


NEPAL ASSOCIATION FOR THE STUDY OF PAIN

MEMBERSHIP FORM



Govt. Regd. No. 383
PAN No. 606078117

1. Full Name (BLOCK Letters).....
[First] [Middle] [Last]
2. Date of Birth (Optional).....Age:.....Sex:.....
3. Current Address:.....
4. Nationality:..... 5. Citizenship No.....
6. Phone/Mobile No..... 7. Email ID:.....
8. Education Qualification: (University &Year of passing)
.....
.....
9. Council Registered (If applicable):Reg.No:
10. Institute and Designation:
11. Pain related qualification:
 - A. Degree/Diploma/Fellowship/Training.....
 - B. Special interest in field of Pain:

DECLARATION

I agree to abide by the rules & regulation of Nepal Association for The Study of Pain (NASP) and wish to join NASP as a Member

Methods of payment:

1. Cheque / Bank draft No. drawn on Date.....Rs.....

Bank details: NIC ASIA BANK, Dharan branch. Account name: Nepal Association for the Study of Pain.

Account number: 23-41-497926-524-001

2. Wire transfer
3. Direct payment

Date:

.....
Signature of Member

Witness: Signature Name

Form (or scanned copy) to be sent to General Secretary, NASP. Email: nasp.org2017@gmail.com

Documents Submitted:

1. Photocopy of Citizenship
2. Photocopy of Council Certificate

Office Use: Receipt No & Year..... Member Number &Type