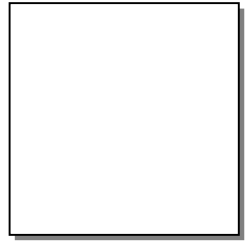


PERINATAL SOCIETY OF NEPAL (PESON)

Membership Form



C.D.O. Reg. No: 811/054/55

Date: Name:

Date of Birth: Sex: Medical/Nursing Council Reg. No.

Address: Present

Address Institution

Permanent address

Telephone: Residence Office Mobile No.

Personal Email ID

Official Email ID

Qualifications *University/ College/ Board* *Date*

<i>Qualifications</i>	<i>University/ College/ Board</i>	<i>Date</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Membership of other Organizations *Life/ Ordinary* *Date*

<i>Membership of other Organizations</i>	<i>Life/ Ordinary</i>	<i>Date</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I wish to apply for the Membership of the Perinatal Society of Nepal. I will abide by the rules and the Constitution of the Society. I will help to promote the ideals of the Society.

Signature of the applicant

1. Propose by Name and No. *Signature*

2. Propose by Name and No.

Signature *Date:*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Membership due paid on

Rs. 3000

Type of membership

Signature of Administration

Date	Life	Associate	Honorary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach a Photocopy of Postgraduate/Diploma/Degree/ Citizenship's And Life membership Fee Rs. 3000/- Rs Three Thousands), payable at Himalayan Bank Ltd. New Road Branch, Kathmandu
A/C Name: PESON - 97 A/C No.: 003 0043 4930018 or by any means thus submitting voucher./paid slip Mail to peson 1997@gmail.com

When filling the form download foxit writer, you can insert photo & fill in signature