



Application Regd#:

Date:

Fee receipt#:

**Nepal Society of Obstetricians and Gynaecologists
(NESOG)**

Life membership form

Date:

Full Name:

Contact Details:

Permanent Address:

Current Address:

Contact No.:

1. Workplace:
2. Home:
3. Mobile:
4. Email:

Citizenship:

Country:

Country ID/Citizenship No.:

Degrees:

Year of Passing

Institute

MBBS:

DGO:

MD:

PhD:

Membership/Fellowship:

Year of joining service in Nepal:

Recommended by:

Name:

Signature of Applicant

Signature

Note: Copies of all certificates (academic, citizenship, Medical Council Registration, subspecialty certificate) to be attested, one PP size photograph with membership charge (NRs. 5000/- for Nepali Citizen) should be submitted to NESOG office, Maternity Hospital, Thapathali, Kathmandu, G.P.O: 10644. Email: nesog2011@gmail.com, web: www.nesog.org.np. Photocopies to be signed by applicants as true copies, complete application should be recommended by NESOG member.

Official use only:

- Name of approving official:
- Designation:
- Date:
- Membership number assigned: