




Membership Form

	<p>नेपाल जन स्वास्थ्य संघ NEPAL PUBLIC HEALTH ASSOCIATION (NEPHA) Central Office, Lalitpur, Nepal</p>	Insert Photo <div style="background-color: #e0e0ff; height: 100px; width: 100%;"></div>
INSTRUCTION 	Please answer each question clearly and completely. TYPE YOUR ANSWER IN GIVEN BOX. Read Clearly and follows directions. Anybody who is eligible according to Section 4, Member of Statute of NEPHA for life/general member could apply.	
NOTE 	Membership provided by District Committee or Province Committee and central committee. So you need to submit an application form in your respective Committee. The membership registered District or Province will be primarily for voting and election process. Nobody is allowed to give candidate and vote for election process in irrespective area. Province or District is based on your residence (Citizenship), in case of changes you need to notify with an application and will be made accordingly.	

Membership Applied For: Life Member General Member

1. General Information

Family Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Religion:
Father's Name:			Date of Birth (A.D / B.S) year month day	

2. Address

Permanent:				
Country:	Province:	District:	<input type="checkbox"/> NP <input type="checkbox"/> VDC Name:	Ward No.
Email: Alt Email :		Mobile Alt. Contact.		Tole/Cluster:
Temporary (If difference than permanent)				
Country:	Province:	District:	<input type="checkbox"/> NP <input type="checkbox"/> VDC Name:	Ward No. Tole/Cluster:

2.1 For Recording, Election and Registration Process

Application in		Any Further if necessary
<input type="checkbox"/> District <input type="checkbox"/> Region (Only in case absence of District Committee)	Application District: Application Province:	

3. Professional Status

Educational Qualification (Higher to Lower)---Only from Bachelor Degree
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SN	Academic Degree	University/Institution	Country	Year
1				
2				
3				
4				

Working Experiences (Current)				
Organization:				
Designation:			Address:	
Other Working Experiences (Previous to old--Most recent)				
SN	Organization	From	To	Designation
1				
2				
3				

Training Received (Recent to Old—Most Recent) Only Related to Public Health				
SN	Name of training	Organized by	Time Period	Year
1				
2				
3				
Publication (Recent to Old—Most Recent) Only Related to Public Health				
SN	Title of publication	Journal Name	Author Type	Year
1			<input type="checkbox"/> PI <input type="checkbox"/> Co-PI	
2			<input type="checkbox"/> PI <input type="checkbox"/> Co-PI	
3			<input type="checkbox"/> PI <input type="checkbox"/> Co-PI	

Special Achievement (Award/Prize/Nomination etc)			
SN	Title	Awarded By	Year
1			
2			
3			

Professional Affiliation			
SN	Organization	Type of Affiliation	Year
1			
2			
3			

Special Interest:	
Document Should be Attached.	
1. Citizenship of Applicants: <input type="checkbox"/>	Attached Necessary Document (Must be self-attested)—Tick the below
2. Credential of Applicants (Only Public Health Related): <input type="checkbox"/>	

Credential Attached (Type of Degree) 1: 2: 3:	1. <input type="checkbox"/> Citizenship 2. <input type="checkbox"/> Minimum degree certificate (Including transcript and character certificate) 3. <input type="checkbox"/> If possible CV also
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About the Life/General Membership Fee

Membership Charge <input type="checkbox"/> Paid <input type="checkbox"/> Un Paid	If Paid, then <input type="checkbox"/> Bank Deposit	Voucher No.	<u>Bank Account Detail</u> Nepal Public Health Association Agricultural Development Bank General Savings Account 02-106-00200287-01-0 Nabil Bank Ltd. General Saving Account 05010017511743
	<input type="checkbox"/> Paid in committee	Receipt No.	

I hereby declare that the above motioned information are true and shall abide by the rules and regulation of the statute of Nepal Public Health Association. I will inform to NEPHA in case of any change in above details.

I agreed the NEPHA life/general member rules and regulation Yes No

Applicants Evidence

Applicant's Name:	Applicant's Signature:	Date: Click
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FOR THE OFFICIAL USE ONLY

Account Section	Executive Meeting	Administration
Registration Fee Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount NRs. Received Date: Click date .	Date of Meeting: Click date . Meeting No.	Life /General Membership Registration No. Click
If any Necessary execution:		
Signature By: (Registration Section) Date: Click date	Chairman Signature: Date: Click date	Authorized Seal: Date: Click date

Note to Applicant: The Membership start date will be counted from final registration in Application District or Province Committee.

Note to Committee: Registration status should be notified by respective Province Committee or District Committee to Central Committee. Central committee will be made registered as process accordingly.