



# NEPALESE ASSOCIATION OF MEDICAL PHYSICISTS (NAMPA)

Regd. No. 644, ESTD 2009

G.P.O Box no. 7155, 225-Ambika Marg, purano Baneshwor, Kathmandu [www.nampa.com.np](http://www.nampa.com.np)

## Membership Application Form

1. Name (Surname, First , Middle Name): .....
2. Date of Birth (YYMMDD): .....
3. Sex: .....
4. Qualifications: .....

  - I. Field of Specialization: .....
  - II. Year: .....
  - III. University/Institute: .....
  - IV. Address of University/Institute: .....

5. Work Experience: .....

  - I. Hospital/Institute (s): .....
  - II. Present Position: .....

6. Permanent Address: .....
7. Preferred Mailing Address: .....  
.....
8. Email: .....
9. Mobile No: .....

PP size Photo



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10. Details of Membership Fees paid: Cash / DD /Cheque /Account Deposit

DD/Cheque no/Deposit no ..... Amount: .....

Bank name and Branch: .....

11. Documents submitted along with Application form:

- I. Certificate of final Degree/Qualification
- II. Experience Certificate
- III. Others: .....

## **Declaration:**

I hereby declare that I have gone through the constitution of Nepalese Association of Medical Physicists (NAMPA) and I shall abide by the rules and regulations of the NAMPA.

Date: .....

Signature of the Applicant