

APPLICATION FORM FOR SOL MEMBERSHIP

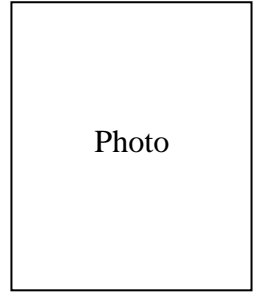
Society of Otolaryngologists of Nepal

Founded 2055 (1998)

Kathmandu, Nepal

P.O. Box: 14351, Phone No: + 977-1-6227081

Email: secretariat@solnepal.org.np, Web: www.solnepal.org.np



(Please type or write in capital letters)

Name:

.....
(family name) (middle name) (first name)

Date of Birth: Sex : M / F Nationality:

Address:

Permanent.....

Tel : Fax : E-mail.....

Present.....

Tel: Fax: E-mail:

Hospital/Office:..... Tel.....

Designation: P.O.Box

Clinic: Tel :

Medical Council Regd. No.....

Name of Council.....Country.....

PROFESSIONAL QUALIFICATIONS :

MBBS or Equivalent Qualification:

Degree.....

Name of university/institution

Year of qualification.....

Specialist Qualification:

DLO FRCS MS Others (specify)

Name of University/Institution:.....

Year of Qualification:.....

I hereby declare that the above statements are true and shall abide by the rules and regulations of the constitution of the Society of Otolaryngologists of Nepal. I will inform SOL Nepal in case of any change in above details.

Signature of the applicant:

Date:

Enclosures:

1. Photocopy of M.B.B.S. or equivalent certificate
2. Photocopy of Post graduate Diploma / Degree/ Fellowship
3. Photocopy of citizenship certificate
4. Photocopy of Medical Council Registration certificate.
5. Photocopy of specialist registration certificate
6. Passport size photo – 1.
7. Membership fee - Rs./ U.S.\$.....(in words.....)
(Cash / D.D./ Cheque /T.T.)

Recommended by

Dr..... Signature :

SOL Membership No.NMC Regd. No.

For office use only

Application Approved

Application Not Approved

Endorsed as	Ordinary member	Life Member
	Associate Life member	Associate Member
	Foreign member (SAARC Others)	

MEMBERSHIP NO :

President, SOL Nepal

General Secretary, SOL Nepal