



जि.प्र.का. काठमाडौं द.न. - ३५४(२०७२)

स.क.प. द.न. - ४३२२८

# कानुनी- चिकित्सा समाज, नेपाल

## MELESON

### Membership Form

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Citizenship Number \_\_\_\_\_

NMC Registration No. \_\_\_\_\_

Current Position \_\_\_\_\_

Current Institution/Organisation \_\_\_\_\_

Qualifications \_\_\_\_\_

Degree	Duration	Institute	Board / University
SLC/			
HSEB/			
MBBS/			
MD/			
Ph.D./			

One copy of documents related to ALL mentioned degree(s), including citizenship, should be attached with the form. The original documents should be made available upon request, for confirmation.

Recommended by \_\_\_\_\_  
(MeLeSoN member Name/Number)

Bank Name/Voucher Number \_\_\_\_\_

Signature: