



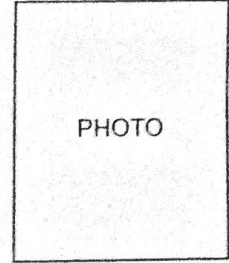
नेपाल फिजियोथेरापी संघ  
**NEPAL PHYSIOTHERAPY ASSOCIATION**

P.O.BOX 11669, Kathmandu, Nepal

Email: nepalphysio@yahoo.com



Name:.....  
Date of Birth:..... Sex..... Citizenship.....  
Address:.....  
Permanent:.....  
Telephone:..... Email:.....  
Present:.....  
(if other than permanent address)  
Telephone:..... Email:.....  
Hospital/ Office..... Telephone:.....  
Designation..... P.O.Box:.....  
Clinic..... Telephone:.....  
NHP Reg. No..... Other Reg. No.....  
Professional Qualification:..... Specialty:.....  
Academic Qualification..... University/ Institute..... Year.....  
.....  
.....



Attach Certified Photocopy Of :

1. Citizenship Certificate or Passport
2. Academic Qualification / Training Certificates
3. Registration of Nepal Health Professional Council Certificate
4. License Of Other Professional Organization (if any)

I hereby declare that the information provided on this form is true and complete in every detail. I shall abide by the rules and regulation of the constitution of NEPAL PHYSIOTHERAPY ASSOCIATION (NEPTA). I will inform NEPTA in case of any change in above information.

Applicant's Signature:..... Date:.....

Recommended By:..... Signature:.....

NEPTA MEMBERSHIP NO:.....

For official use of NEPAL PHYSIOTHERAPY ASSOCIATION ONLY

| Membership Type                  | Fees (Rupees) | MEMBERSHIP NUMBER    |
|----------------------------------|---------------|----------------------|
| 1. General Member                | .....         | <input type="text"/> |
| 2. Life Member                   | .....         |                      |
| 3. Foreign Member                | .....         |                      |
| 4. Admission Fee (one time only) | .....         |                      |
| Total                            | .....         |                      |

Hon Treasurer..... Date.....

Hon. General Secretary..... Date.....