



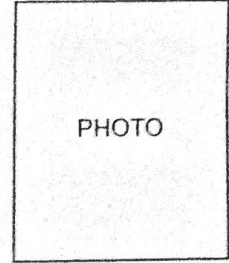
नेपाल फिजियोथेरापी संघ
NEPAL PHYSIOTHERAPY ASSOCIATION

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.....