**Nepalese Association of Palliative Care (NAPCare)**

Photo

Kathmandu, Nepal

Application Form for Membership

1. **Name**: …………………………………………………………………………………………..
2. **Birth Date**:…………………………………..AD
3. **Sex**: …………
4. **Address**

Permanent : ……………………………………………………………………………………………………………….

Temporary: ……………………………………………………………………….......................................

Telephone: ……………………………………. Mobile: ………………………………………………………….

Email:……………………………………………………………………………………………………………………

1. **Professional** **Status**

Doctor /Nurse / Social Worker/Volunteer

Academic Qualification (Higher only)……………………………………………………………………………………………………………….

Further Training/Specialization…………………………………………………………………………………………………………………………………

**6. Currently working Institute/Hospital/Hospice………………………………………………………………………**

Contact No(Office):…………………………………………………

Type of proposed Membership: Life Member/ General Member/Honory Member

*I hereby declared that the above statements are true and shall abide by the rules and regulation of the constitution of the Neplease Association of Palliative Care(NAPCare). I will inform NAPCare in case of any changes in the above mentioned details.*

………………………………………………

Applicant's Signature

**Official Use Only**

Approval of Membership by President(Signature)…………………………………………..

Date: …………………………………..

Membership type:………………………………………………………. Fee(Rs)………………………

Registration No: …………………………………………Membership No:…………………………………………………

**Note: Please enclose copy of certificate of citizenship, and two copy of passport size photo.**