

PERSONAL INFORMATION

3.0 FIELD OF ENGINEERING/SPECIALLIZATION

## Nepal Engineers' Association

## Head Office Pulchwok, Lalitpur, Nepal

Affix PP size photo and submit one auto size photo for I.D card

## **APPLICATION FORM FOR MEMBERSHIP**

(General/Life/Fellow/Institutional)

1.0 NAME OF THE AP	DLICANT						i or omelar asc omy	
					_			
1.1 NAME OF FATHER	R/MOTHER				_			
1.2 DATE OF BIRTH								
1.3 PLACE OF BIRTH							Date of Application	
1.4 NATIONALITY								
1.5 CITIZENSHIP No./PASSPORT No.								
1.6 ISSUED FROM						Date o	of Recommendation by Membership Committee	
1.7 MAILING ADDRESS		E-MAIL						
		FAX						
1.8 PARMANENT ADDRESS							Date of Approval by Executive Council	
1.9 SEX		1.9.1 MALE	1.9.	2 FEMALE	]			
1.10 TELEPHONE		1.10.1 OFFICE						
		1.10.2 RESIDENCE				Membership Class		
1.8 E-MAIL/FAX								
1.9 MEMBERSHIP YOU	J ARE APPLYIN	G FOR					Registration No.	
1.10 PRESENT NEA ME	MBERSHIP NU	MBER (IF AN	1Y)				registration No.	
			*		-			
2.0 EDUCATION ( encl	ose attested ph	otocopies of	certificat	es)				
EQIVALENT LEVEL	SUBJECT		INSTITUTE/COUNTRY				YEAR OF COMPLETION	
S.L.C.								
DE/certificate								
BE/equivalent								
ME/equivalent								
Ph.D/equivalent								

4.0 RELEVANT PRACTICAL TRAINING/SHORT COURSES ATTENDED													
<b></b>	NE THE COURSE	INI			DURATION								
IIILE C	F THE COURSE	INS	STITUTE	С	ommencing	g Date		Completion Date					
5.0 PROFESSIONAL RECORD (enclose attested photocopies of records if any)													
5.0 PROFESSIONAL RECORD (enclose attested photocopies of records if any)													
(if necessary enclose seperate page)													
6.0 GIVE THE NAMES OF SIMILAR PROFFESSIONAL BODIES OF WHICH YOU ARE A MEMBER													
S.NO. INSTIT	UTION/PROF. ORG.	BER TYPE	MEMBERSHIP No. AWARD YEA				REMARKS						
		+											
7.0 DECLERAT		ipplied in th	is form and the d	locuments e	nclosed are o	complete and o	correct	. If enrolled. I shall					
I declare that the information I have supplied in this form and the documents enclosed are complete and correct. If enrolled, I shall confirm to the constitution, bye-laws, rules and regulations of the association and to the code of ethics.													
	T	1			Γ								
Date	Date Month Year Signature of the applicant												
Date	World Tear					Olgitature 0	i tile a	pplicant					
8.0 RECOMME													
I recommend him/her to the class of membership applied for													
	NAME (in block letters)		MEMBERSHIP No.		SIGNATURE			DATE					
Proposer													
Secondar													
Note: Proposer and Secondar must be valid member of the Association													

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