GLAUCOMA SOCIETY OF NEPAL

Tripureshwor, Kathmandu, Nepal

Membership No.

Membership Application Form

Photo

Membership in the Society is open to all practicing Ophthalmologists registered in Nepal Medical Council and completed at least 3 months of Glaucoma fellowship. Applicant should submit this form with copies of academic certificates (MD, MBBS, Glaucoma Fellowship and Nepal Medical Council registration certificate), citizenship and deposit voucher of membership fee to the below mentioned address.

SECTION I (To be completed by applicant)

Personal Information (Type or write in Block Letters) Full Name Dr. _____

First Name Middle Name Last Name

Date of Birth _____

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Gender ☐ Male ☐ Female

Mailing Address

Residence: _____ City: _____

Hospital: _____ City: _____

Phone: _____ Mobile: _____ Email: _____

Education (type or write in Block Letters)

SN	Degree	Year	Institute/University	Country
1	MBBS			
2	MD			
3	Subspecialty			

Professional Experience (List in order with most recent at the top)

Year		Position	Employer
From	To		

SECTION II (To be completed by the Glaucoma member)

I recommend the above-named individual for Membership. To the best of my knowledge the information provided by the applicant is correct.

Recommended by (Type or in Block letter)

Name: _____

Phone: _____

Email: _____

Date: _____

D D M M Y Y Y Y

SECTION III

The information provided is to the best of my knowledge true and correct.

Signed

Date: _____

D D M M Y Y Y Y