Nepalese Society for Oculoplastic Surgeon

NESOS

Membership Application Form

Photo

Membership in the Society is open to all practicing oculoplastic surgeons holding post graduation degree in Ophthalmology with completing a fellowship or training in orbit/oculoplasty. Applicants should submit this form with copies of academic certificates, citizenship and membership fee to the mentioned address.

SECTION I (To be completed by APPLICANT)

DD MM YYYY

Personal Information (Type or write in capital letters)

Full Name Dr. _____

First Name Middle Last Name

Date of Birth: DD MM YYYY **Gender:** ☐ Male ☐ Female

Mailing Address **Residence:** _____ **City:** _____

Hospital: _____ **City:** _____

Phone: _____ **Mobile:** _____ **Email:** _____

Education (Type or write in capital letters)

	University/Location	Country	Year		Degree
			From	To	
Oculoplasty Fellowship/Training					
Ophthalmology Post Graduation					
MBBS					

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

Year		Position	Employer
From	To		

SECTION II (To be completed by the NESOS 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 bold letter)

Name: _____

Phone Number: _____

Email Address: _____

Society membership Number: _____

Signature: Date: DD MM YYYY

SECTION III (Membership Category)

☐ International member

☐ Life member

☐ Associate member

☐ Honorary member

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

Signed: Date: DD MM YYYY

Dev Shree Marga 32, Tripureshor ward-11, Kathmandu. **TEL:** 4225977, **Email:** nesosnepal@gmail.com