

## NEPAL GEOLOGICAL SOCIETY

P.O. Box: 231, Kathmandu, NEPAL

## APPLICATION FORM

Type writing or Block letter

Attach in this place a recent passport size photograph and sent one auto size photograph for membership card

| For Official Use On                   | ly            |   |           |
|---------------------------------------|---------------|---|-----------|
| Application received on               |               |   |           |
| Membership granted on Registration No |               |   |           |
|                                       |               | Membership granted/not granted Reasons for not granting:- |           |
| Membership class                      |               |   |           |
| Renewal Date                          | Renewed up to | Bill No.  | Signature |
|                                       |               |   |           |
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|                                       |               |   | •         |

To The President Nepal Geological Society Kathmandu, Nepal

**PERSONAL DATA** 

A.

I, the undersigned, hereby apply for admission to Life Membership/Membership/Associate Membership of the Nepal Geological Society, and promise to abide by the Constitution and By-Laws of the Society as now formed, or as they may be hereafter legally altered.

Particulars regarding my education, experience etc. are as follows:

## i) Name (in block Letters) Surname Name ii) Date of Birth Day/Month/Year iv) Nationality at Birth vi) Address Office Fax E-mail

└── Home ..... Tel ..... E-mail ......
vii) Blood Group (Optional) :.....

(Tick mark in box indicates preferred address for mailing)

## B. EDUCATION

| Name of the institution | Period of Study |            | Degree   | Major field of |
|-------------------------|-----------------|------------|----------|----------------|
|                         | From            | То         | Obtained | study          |
|                         | Month/Year      | Month/Year |          |                |
|                         |                 |            |          |                |
|                         |                 |            |          |                |
|                         |                 |            |          |                |
|                         |                 |            |          |                |
|                         |                 |            |          |                |

|      | I certify that the stat wledge I understand that a society. |                                  |                  |                             |              |               |                    |  |  |  |
|------|---|----------------------------------|------------------|-----------------------------|--------------|---------------|--------------------|--|--|--|
|      | Signature   |                                  | Place            |                             | Date         |               |                    |  |  |  |
| C.   | C. PROFESSIONAL EXPERIENCES                                 |                                  |                  |                             |              |               |                    |  |  |  |
|      |   |                                  |                  |                             |              |               |                    |  |  |  |
|      |   |                                  |                  |                             |              |               |                    |  |  |  |
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|      |   |                                  |                  |                             |              |               |                    |  |  |  |
|      |   |                                  |                  |                             |              |               |                    |  |  |  |
| D.   | SPONSORS  |                                  |                  |                             |              |               |                    |  |  |  |
| ١    | Name of the Sponsors  | Professional posi<br>Organisatio |                  | ociety Membe<br>Class and N |              | Signature & I | Date               |  |  |  |
| 1.   |   |                                  |                  |                             |              |               |                    |  |  |  |
| 2.   |   |                                  |                  |                             |              |               |                    |  |  |  |
|      | By the decision of the                                      |                                  |                  | •                           |              |               |                    |  |  |  |
|      | iety from the date he pays                                  |                                  | g. 3.1104 tilo 1 |                             |              | 5pai 50010(   | <sub>2</sub> 1.001 |  |  |  |
| Date | э:  |                                  |                  |                             | <br>Presiden | t/Secretary   |                    |  |  |  |