



# SOCIETY OF INTERNAL MEDICINE OF NEPAL (SIMON)

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☎: 01-4251911

## MEMBERSHIP APPLICATION FORM

PHOTO

### APPLICATION FOR:

Life Member

Associate Member

### Personal Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BS    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AD  
(dd / mm / yyyy )

### Permanent Address:

House no.: \_\_\_\_\_ Ward no.: \_\_\_\_\_ Street name: \_\_\_\_\_

District: \_\_\_\_\_ Country: \_\_\_\_\_

### Temporary Address:

House no.: \_\_\_\_\_ Ward no.: \_\_\_\_\_ Street name: \_\_\_\_\_

District: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile no.: \_\_\_\_\_ Landline no.: \_\_\_\_\_

Email: \_\_\_\_\_

### Institute:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Designation: \_\_\_\_\_ Tel No: \_\_\_\_\_

Fax No: \_\_\_\_\_

**Qualifications:** (Use extra paper if necessary)

| Graduation/Degree | Institution/ Country | Year obtained |
|-------------------|----------------------|---------------|
|                   |                      |               |
|                   |                      |               |
|                   |                      |               |

**Training/ Fellowship:** (Use extra paper if necessary)

| Name of Training/Fellowship | Duration |    | Organizer/<br>Institute |
|-----------------------------|----------|----|-------------------------|
|                             | From     | To |                         |
|                             |          |    |                         |
|                             |          |    |                         |

**Publications:** (Use extra paper if necessary)

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**Declaration:**

I, Dr..... hereby declare that all the details provided by me are true. I will abide by the constitution of SIMON. I will also follow the protocol and guidelines issued by SIMON and participate in academic and research activities conducted by SIMON.

.....  
**Signature of Applicant**

Name: \_\_\_\_\_

NMC no.: \_\_\_\_\_

Date: \_\_\_\_\_

**For SIMON Official Use Only**

Receipt No: \_\_\_\_\_ Receipt Date: \_\_\_\_\_

Cheque / Draft No: \_\_\_\_\_ Cheque Date: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Membership Approved Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Allotted SIMON Membership No:** \_\_\_\_\_

Membership Approved by: \_\_\_\_\_