



# LUMBINI INTERNAL MEDICINE SOCIETY (LIMS)

Butwal-3, Rupandehi, Nepal

## MEMBERSHIP APPLICATION FORM

Photo

### APPLICATION FOR:

- ☐ General Member ☐ Life Member  
☐ Associate Member ☐ Honorary 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/ 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 LIMS. I will also follow the protocol and guidelines issued by LIMS and participate in academic and research activities conducted by LIMS

**Signature of Applicant**

Name: .....

NMC No.: .....

Date: .....

**For LIMS Official Use Only**

Receipt No: Receipt Date:

Cheque/Draft No: Cheque Date:

Name of Bank:

Membership Approved Date:...../...../.....

**Allotted LIMS Membership No:.....**

Membership Approved by:.....