



# DIABETES AND ENDOCRINOLOGY ASSOCIATION NEPAL (DEAN)

## Membership Application Form

First Name \_\_\_\_\_  Male  Female

Last Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Middle Name \_\_\_\_\_ NMC No \_\_\_\_\_

Permanent Address \_\_\_\_\_

Mailing Address, if different from permanent address: \_\_\_\_\_

Contact no.  Residence  Mobile  Office

Email ID \_\_\_\_\_

Academic Qualification \_\_\_\_\_

Name of the organization \_\_\_\_\_

Address of the organization \_\_\_\_\_

Department/Section \_\_\_\_\_

Present Position/Designation \_\_\_\_\_

I hereby make application for membership in Diabetes and Endocrinology Association Nepal (DEAN).

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit this form along with two PP size photo.

Please keep updated by advising the Admissions office.

Information requested is kept very confidential and it is used for only DEAN purposes.