

**Society of Dermatologists, Venereologists & Leprologists of Nepal
(SODVELON)**

Membership Application Form

Please fill the form in block letters only.

To,
The General Secretary,
Society of Dermatologists, Venereologists
& Leprologists of Nepal (SODVELON),
Kathmandu, Nepal.

Paste your
photograph.

Dear Sir/Madam,
I desire to be elected as Life/Associate/Ordinary member of the association and if so
elected, I agree to abide by the rules and regulation of the association. I enclose herewith
Rs. _____ (In words _____
_____).

Name in Full: _____

Date of Birth: _____

Qualifications and years of passing: _____
(Kindly attach documents)

Medical Registration number: _____
Medical Council : _____

Nationality : _____

Permanent Address : _____

Mailing address : _____

Phone number : Residence:
Home :
Clinic/Hospital :
Mobile :

E-mail (Mandatory) : _____

Date:

Signature of Applicant

1. Annual subscription:
 - Life member : Rs 5000/-
 - Associate member : Rs 3000/-
 - Ordinary member : Rs 450 (one time) + Rs 200 (annually)
2. Please paste your passport size photograph in the space provided on this form.
3. Please submit a photocopy of citizenship, Nepal Medical Council Certificate of Specialist Registration and Postgraduate degree Certificate.
4. Eligibility
 - a) For Life membership – the dermatologist should be a Nepalese citizen with recognized post graduate degree or diploma in the specialty of Dermatology, Venereology & Leprology and should have received specialist registration from the Nepal Medical Council.
 - b) Ordinary membership – the dermatologist of any Nationality with recognized post graduate degree or diploma in the specialty of Dermatology, Venereology & Leprology
 - c) For Associate Life member – only post graduate students undergoing training in this specialty are eligible. Please attach a certificate from the Head of the department with details (dates) of joining and completing the postgraduate degree/course.