Application Regd#:
Date:
Membership fee receipt#:

PHOTO

Gynecological Oncology Society of Nepal (GOSON)
Life membership form

Date:

Full Name:

Contact Details:

Permanent Address: Current Address:

Contact No.:

1. Workplace:
2. Home:
3. Mobile:
4. Email:

Citizenship:

Country: Country ID/Citizenship No.:

Degrees:	**Year of Passing**	**Institute/University**
MBBS:		
DGO:		
MD:		
PhD:		
Membership/Fellowship:		
Trainings [Attach if applicable]:		

Year of joining service in Nepal:

Recommended by:
Name:

_____ _____

Signature of Applicant Signature

Note: Copies of all certificates (academic, citizenship, Medical Council Specialty Registration, subspecialty certificate) to be attested, two PP size photographs with membership charge (NRs. 5000/- for Nepali Citizen) should be submitted to GOSON office, Paropakar Maternity and Women's Hospital, Thapathali, Kathmandu, GPO 8975 EPC 1554 or in Saving account number **07220900774669000001** of **NMB Bank Limited** to **GYNECOLOGICAL ONCOLOGY SOCIETY OF NE**. Email: goson.np@gmail.com, web: www.goson.org.np . Photocopies to be signed by applicants as true copies, complete application should be recommended by GOSON member.

Official use only:

- Name of approving official:
- Designation:
- Date:
- Membership number assigned: