

**NEPALESE SOCIETY OF CRITICAL CARE MEDICINE  
(NSCCM)**



**MEMBERSHIP APPLICATION FORM**

NMA Building, Siddhi Sadan, Bag bazar, Kathmandu  
Email: [nsccm2010@gmail.com](mailto:nsccm2010@gmail.com)

Please Attach One  
Passport Size  
Photograph

**Personal Information:**

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

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

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

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

District / State: \_\_\_\_\_

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

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

Nationality: \_\_\_\_\_

**Membership Category Applied For:** (Please tick)

Life Member (Holding Post Graduate Degree or Diploma)

International Life Member

Associate Member (Holding Graduate Degree)

**Practising Information:**

Institute: \_\_\_\_\_

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

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

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

Fax No: \_\_\_\_\_ Email:.....

**Approximate Duration of Clinical Practise spent in Critical Care:(Please tick)**

< 1 hr / day  1 – 2 hrs / day  2 – 4 hrs / day  4 – 6 hrs / day  > 6 hrs / day

**Approximate Percentage of Clinical Practise spent in Critical Care:(Please tick)**

< 25%  25 – 50 %  50 – 75 %  > 75%  100%

**Academic Background:** (Please tick)

(Please enclose Copy of Highest Academic Degree, Copy of Specialist Registration at Nepal Medical Council, other professional organisations or other documents)

- Anaesthesiology       Internal Medicine       Cardiology       Respiratory Medicine       Surgery
- Pediatrics       Microbiology       Pathology       Physiotherapist       Nutritionist
- Registered Nurse       Anesthesia Technicians       Others (Specify).....

**Declaration:**

I, Dr./ Mr./ Ms. .... declare that all the above details provided by me are true.

I hereby promise that I will abide with the constitution of NSCCM and will follow the instructions provided by the Executive committee members.

I will also promise that I will follow the protocol and guidelines issued by NSCCM and participate in academic and research activities conducted by NSCCM.

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

Name of Member:

**Date of Application:**

(mm / dd / yy )

**Recommendation by NSCCM Members:**

To the best of our knowledge, the above particulars are correct and we consider the applicant fit and proper person to be a member of Nepalese Society of Critical Care Medicine (NSCCM)

**Proposed By:**

Signature: .....

Name of Member:

NSCCM Membership No:

Email:

**Seconded By:**

Signature: .....

Name of Member:

NSCCM Membership No:

Email:

---

**For NSCCM Official Use Only**

Receipt No:

Receipt Date:

Cheque / Draft No:

Cheque Date:

Name of Bank:

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

**Alloted NSCCM Membership No:**