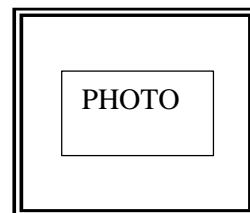




**SCHEDULE-2, CHAPTER- 3, CLAUS 8
NEPALESE ASSOCIATION FOR CLINICAL CHEMISTRY (NACC)
MEMBERSHIP APPLICATION FORM**



photo

1. Membership Type: _____

General Member Life Member Associate Member Honorary Member

Corporate Member Institutional Member

2. Name **Dr/Mr./Mrs./Ms.:**

Family Name

First name

3. Sex : 4. Date of Birth : 5. Nationality :

6. Academic Qualifications with Year :

(Attach Photocopies)

7. Designation

8. Official Address:

1. Department :

2. Institution :

3. Address :

4. District:..... 5. Zone:.....

5. Telephone (with area code):

6. E-mail (**CAPITAL**) :

7. Mobile.No:.....

9. Residential Address:

1. Address

2. District :.....

4. Zone:.....

5. Telephone (with area code) :

6. Fax (with area code) :

7. E-mail (**CAPITAL**) :

8. Mobile:.....

10. Address for Communication: Official **OR** Residential (**please tick the choice**)

11. Professional Experience (briefly) on separate page :

Teaching/Research/Diagnostic..... Years

12. Field of expertise/ Areas of Interest : **(1)** **(2)**

13. Publications, if any: **Attach a list of publications.**

14. Membership of other professional bodies, if any:

15. Any other relevant information (brief): **(on separate page)**

16. Bank voucher/ Receipt No..... Date:..... Bank:.....

Branch : Amount : Rs.

(Enclose the bank voucher. for an appropriate amount drawn in favour of “Nepalese Association for Clinical Chemistry”)

Undertaking by the Applicant

I have gone through the statute of the Nepalese Association for Clinical Chemistry. If admitted as a member, I shall abide by the rules and regulations of the NACC.

.....
Signature of the Applicant

Date

Place

Recommendation by a Member of NACC (This is essential)

I have verified the information given in this application that is true to the best of my knowledge. He/She fulfils eligibility requirement for becoming a member of NACC. I recommend for the membership of the NACC.
.....

Signature:

Name of NACC Member:..... Type of Member:

(Disclaimer)

I have no objection / I object* if my address and full details are put on the NACC website at www.nacc.org. (* strike out whichever is not applicable)

Signature of Applicant:.....

Date.....

ADMISSIBILITY RULES

ELIGIBILITY CRITERIA: Membership of the Association is open to teachers & research scientists in the discipline of Biochemistry, Clinical Chemistry, in a medical institution and also to persons holding, M.Sc. (Biochemistry or Clinical Chemistry) and are engaged in research or practice of Clinical Chemistry in hospital or in private laboratory.

ASSOCIATE MEMBERSHIP: Students pursuing post graduate degree in relevant subject who and have an interest in Clinical Chemistry are eligible to become Associate Members.

CORPORATE/INSTITUTIONAL MEMBERSHIP: A company dealing in biochemical and medical instruments for biochemistry laboratories can become corporate members.

MEMBERSHIP FEE: (a) General Member –NRs. 2000/- (b) Life Member – NRs.10,000/-

(c) Institutional/Corporate members Rs. 20,000/- for National, US \$300/- for SAARC countries, US \$500/- for international (d) Associate Members - NRs.1,000/-

Fee should be paid by Bank Voucher payable to “NEPALESE ASSOCIATION FOR CLINICAL CHEMISTRY· Himalayan Bank Limited. Maharajgunj, Kathmandu, A/C No: 002-05202190-015

PHOTOGRAPH : Please affix a passport-size photo on the form & attach a Stamp-size photo with the form