



**NEPALESE SOCIETY OF CRITICAL CARE MEDICINE  
(NSCCM)  
MEMBERSHIP APPLICATION FORM**

PP size Photo

NMA Building, Siddhi Sadan, Bagbazar, Kathmandu  
Email: [nscm2010@gmail.com](mailto:nscm2010@gmail.com)

**Personal Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_AD Age: \_\_\_\_\_ years Sex: M/F/Others  
(dd/mm/yy)

Nationality: \_\_\_\_\_ Country: \_\_\_\_\_ District/ State: \_\_\_\_\_

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

- Life Member (Holding Post Graduate Degree or Diploma)       International Life Member  
 Associate Member (Holding Graduate Degree)

**Practicing Information:**

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

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

Designation: \_\_\_\_\_ Email: \_\_\_\_\_

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

Fax No: \_\_\_\_\_ Tel No: \_\_\_\_\_

Approximate duration of clinical practice spent in critical care (Please tick)

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

Approximate percentage of clinical practice spent in critical care (Please tick)

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

[Type text]

[Type text]

[Type text]

**Academic Background: (Please tick)**

(Please enclose copy of highest academic degree, copy of specialist registration at Nepal Medical council, other professional organization or other documents).

- Anesthesiology    Internal Medicine    Cardiology    Respiratory Medicine    Surgery
- Pediatrics    Microbiology    Pathology    Physiotherapist    Nutritionist
- Registered Nurse    Anesthesia Technicians    Others (Specify): \_\_\_\_\_

**Declaration:**

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

I hereby promise that I will abide by 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.

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Signature of Applicant

Date of Application: \_\_ / \_\_ / \_\_\_\_ AD  
(dd/mm/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:**

**Seconded by:**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Life Member:

Name of Life Member:

NSCCM Membership No:

NSCCM Membership No:

Email:

Email:

**For NSCCM Official Use Only**

Receipt No.:

Receipt Date:

Cheque/ Draft No.:

Cheque Date:

Name of the Bank:

Membership Approved Date: \_\_ / \_\_ / \_\_\_\_ AD.

Allotted NSCCM Membership No.:

[Type text]

[Type text]

[Type text]