Members of the Neuroscience Society of Nepal

Neuroscience Society of Nepal is a group of Neuroscientists. There are different categories of members:

1. General Member

Every resident of Nepal who is involved in neuroscience or in a related field is eligible to apply for Regular membership.

The annual fee for members is NRS 1,000/- (NRS one thousand) per year.

Membership period will be valid for one year and renewable fee is NRS 1000/- (NRS one thousand) per year.

2. Founder Member

Ad hoc committee members at the time of registration of the society are founding members of NSN automatically. They are life members of the society.

3. Life Member

A person who helps the society by providing lump-sum of 10,000/- (NRS ten thousand) will be a life member according to the bylaws of the society.

4. Honorary Member

A person who has rendered distinguished service to neurosciences can be considered for honorary membership.

5. Emeritus Member

A member who has retired from active employment in the field of neuroscience can apply for emeritus membership.



Neuroscience Society of Nepal Membership Form

I wish to become a member of the Neuroscience Society of Nepal. I have read the Rules of the society and agree to abide by it.

| 1. | Last Name: First Name: Middle Name: | |
|---------------------------------|-------------------------------------|--|
| 2. | Date of Birth: | |
| 3. | Gender: Male Female | |
| 4. | Educational Qualification: | |
| 5. | Designation/Affiliation: | |
| 6. | Official Address: | |
| | Tel: Fax: Email: | |
| 7. | Residential Address: | |
| | | |
| | | |
| | Tel: Mobile: | |
| 8. | Field of Specialization: | |
| 9. | Field of Interest: | |
| 10. Desired Type of Membership: | | |
| | a. General Member b. Life Member | |
| | | |

Signature of Applicant: Date:

Neuroscience Society of Nepal Membership Form

Sponsor

| Name: | | | |
|-----------------------|----------|--|--|
| Position/Title: | | | |
| Department: | | | |
| Institute: | | | |
| Address: | | | |
| City: | Country: | | |
| Email: | | | |
| Phone: | Fax: | | |
| NSN Member ID Number: | | | |
| | | | |

Signature of Sponsor: Date:

• All applicants must enclose curriculum vitae.

For Office Use Only

| Membership No. | Type of Membership |
|----------------|-----------------------|
| Receipt No | Date |
| Date | Treasurer's Signature |