



## Membership form

# Nepal Science Olympiad

Email, post or personally deliver at our contact office

Full Name:

Date of Birth:  Place of Birth:  Gender:

Nationality:  Citizenship No.:

Permanent Address: Zone  District  VDC/MP  Ward No.

Contact Address: Zone  District  VDC/MP  Ward No.

Contact Tel.:  Mobile No.:

Email ID:

Contact Person:  Contact Number:

Academic Level  Status  Year/Semester

Faculty  Major Subject

College/University  Address

Experiences:

Signature of the Applicant  Date

### For Official Use only

Registration No:  Membership type: 

Life Member	<input type="text"/>
General Member	<input type="text"/>
Junior Member	<input type="text"/>

 Year:

Membership Fee  Verified by  Date