



# Conquer Nepal

**Organization in Special Consultative Status  
with UN ECOSOC**

**Mandikhatar, Budhanilkantha -09, Ktm**

## Membership Form

Photo

<b>Membership No.:</b>		<b>Type of Membership:</b>	
<b>Last Name:</b>		<b>First Name:</b>	
<b>Nationality:</b>		<b>Date of Birth:</b>	
<b>Sex:</b>		<b>Citizenship No.:</b>	
<b>Passport No.:</b>		<b>Driving License No.</b>	
<b>Blood Group:</b>		<b>Health Condition:</b>	
<b>Home Address:</b>			
<b>Office Address:</b>			
<b>E-mail Address:</b>			
<b>Contact Number:</b>			
<b>Highest Academic Degree Obtained:</b>		<b>Faculty</b>	
<b>From Which College/University:</b>			
<b>Description of Family Members:</b>			
<b>Name</b>	<b>Relation</b>	<b>Age</b>	<b>Occupation</b>
<b>Are you a member of other social organization?</b>			
<b>If yes:</b>	<b>Name of Organization:</b>		
	<b>Work of organization:</b>		
	<b>Address and Contact No.:</b>		
<b>English Proficiency:</b>	<b>Reading:</b>	<b>Writing:</b>	<b>Speaking:</b>
<b>Professional Work Experience:</b>			
<b>Why do you want to be member of this organization?</b>			
<b>Declaration:</b>			
I hereby declare that all the above stated information is true and correct and I also declare that I have been oriented and filled this form.			
<b>Signature of Member:</b> _____		<b>Date:</b> _____	