|  |  |  |
| --- | --- | --- |
|  | STRUCTURAL ENGINEERS’ ASSOCIATION, NEPALKATHMANDUNEPAL | Affix PP size photoand submit one auto size photo for I..D. Card |
| APPLICATION FORM FOR MEMBERSHIP(General/ Associate/ Life) |

|  |  |  |
| --- | --- | --- |
| PERSONAL INFORMATION |  | For official use only |
| 1.0 NAME OF THE APPLICANT |  |  | Date of Application: ..................................... |
| 1.1 DATE OF BIRTH |  |  |  |
| 1.2 PLACE OF BIRTH |  |  |  |
| 1.3 NATIONALITY |  |  | Date of Recommendation by COA............... |
| 1.4 MAILING ADDRESS | E-MAIL : |  | ..............................................................................  |
| FAX: |  |  |
| 1.5 PERMANENT ADDRESS |  |  | Date of Approval by Executive Committee ………………………............ |
|  |  |  |
| * 1. SEX

 1.6.1 MALE 1.6.2 FEMALE  |  |  |
| TELEPHONE 1.7.1 OFFICE |  |  |  |
|  1.7.2 RESIDENCE  |  |  | Membership Class................................................ |
| 1.8 E-MAIL/FAX |  |  | Registration No. .................................................. |
| 1.9 MEMBERSHIP YOU ARE APPLYING FOR |  |  |  |
| 1.10 PRESENT NEC MEMBERSHIP NUMBER  |  |  | Signature of Chairman COA............................. |

|  |
| --- |
| 2.0 EDUCATION (enclose attested photocopies of Certificates) |
| EQUIVALENT LEVEL | SUBJECT | INSTITUTE/COUNTRY | YEAR OF COMPLETION |
| DE/certificate |  |  |  |
| BE/equivalent |  |  |  |
| P.G.Diploma |  |  |  |
| ME/equivalent |  |  |  |
| Ph. D/equivalent |  |  |  |

|  |
| --- |
| 3.0 Experience in Structural Engineering field after graduation.(Enclose attested photocopies of records) |
| S.No. | Project | Employer | Nature of works | Duration (Yrs.) |
|  |  |  |  |  |
| Total Year of Experience |  |
| 4.0 FIELD OF SPECIALIZATION |

|  |
| --- |
| 5.0 RELEVANT PRACTICAL TRAINING/SHORT COURSES ATTENDED |
| TITLE OF THE COURSE | INSTITUTE | DURATION |
| Commencing Date | Completion Date |
|  |  |  |  |

|  |
| --- |
| 6.0 PROFESSIONAL RECORD (enclose attested photocopies of records if any) |
|  |
|  (if necessary enclose separate page)  |

|  |
| --- |
| 7.0 GIVE THE NAMES OF SIMILAR PROFESSIONAL BODIES OF WHICH YOU ARE A MEMBER |
| S.No | INSTITUTION/PROF.ORG. | MEMBER TYPE | MEMBRSHIP NO. | AWARD YEAR | REMARKS |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| 8.0 DECLARATIONI declare that the information I have supplied in this form and the documents enclosed are complete and correct. If enrolled, I shall conform to the constitution, bye-laws, rules and regulations of the Association and to the code of ethics. Date Month Year Signature of the applicant |

|  |
| --- |
| 9.0 RECOMMENDATION I recommend him to the class of membership applied for. |
|  | NAME (in block letters) | MEMBERSHIP NO. | SIGNATURE | DATE |
| Proposer |  |  |  |  |
| Seconder |  |  |  |  |
| Note: Proposer and Seconder must be valid member of the Association |