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

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| 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............................. |

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| 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 |  |  |  |

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| 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 | | | | |

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

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

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| 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 |
|  |  |  |  |  |  |
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| 8.0 DECLARATION  I 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 |

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| 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 | | | | |