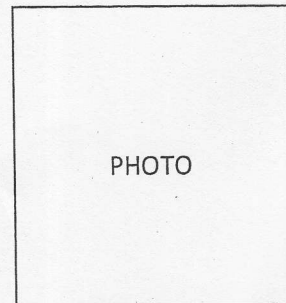


Biotechnology Society of Nepal (BSN)
Membership Form



Personal Information:

Title: Prof./Dr./Mr./Miss/Mrs.
Family Name: First Name:
Middle Name:
Birth Place: Date of Birth:
Sex: Male/Female/Others
Nationality:

Contact Information:

Permanent Address:
City: State/District: Country:
Temporary Address:
City: State/District: Country:
Telephone/Mobile Number:
E-mail: Web-site:

Personal Information:

Name of Organization:
Professional Title:
City:
Country:
Web-site:

Educational Information:

Name of University:
Degree Awarded:
City:
Country:

Source of Interest:

How did you hear about BSN(Please check all that applies)
Friends/BSN Poster/Professor/BSN Representative/Website
If others please specify:
Two words for BSN:

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Your Signature:

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Date: