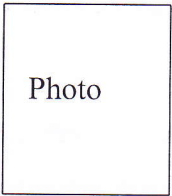


# NEPAL AOTS ALUMNI SOCIETY

## MEMBERSHIP FORM



<i>Name</i>			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
<i>Address</i>	: <i>Home Address</i>		
	: <i>Tel No.</i>		
	: <i>Mailing Address</i>		
	: <i>Mobile No:</i>	: <i>E mail:</i>	
<i>Company / Organization</i>	: <i>Name of the company/ Organization</i>		
	: <i>Designation</i>		
	: <i>Tel No.</i>	: <i>Fax No.</i>	
	: <i>URL</i>		
<i>Course name participated</i>	: <i>Name of the program</i>		
	: <i>Duration of the Program</i>		
	: <i>Training place in Japan/ Other country</i>		
<i>AOTS Membership No.</i>	:		

.....  
Date

.....  
Signature

=====  
(For Office use only)

<i>Nepal AOTS Membership no.</i>		<i>Approved by</i>	
<i>Date of Approval</i>		<i>Designation</i>	
		<i>Signature</i>	