

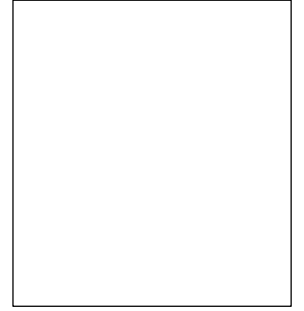


NEPAL AYURVEDA MEDICAL COUNCIL

Naradevi, Kathmandu

Tel- +977-1-4259678

Application for Enlisting in Telemedicine Registry



Name:

Gender: Male / Female

Date of birth: (AD) Year..... Month..... Day.....

(BS) Year..... Month..... Day.....

Address:

**Permanent: Province:.....District:.....
Municipality/ Rural Municipality..... Ward No.....**

**Temporary: Province:..... District:.....
Municipality/ Rural Municipality..... Ward No.....**

Contact number:..... Email:

NAMC Registration number: Date of Permanent Registration:

Highest Qualification: Specialty with Reg. No:

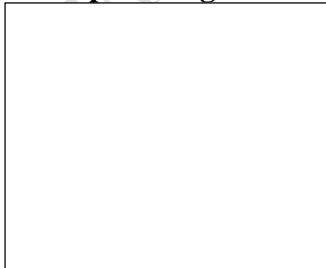
Employer:.....Designation:.....Since:.....

Details of the medium to be used for Telemedicine:

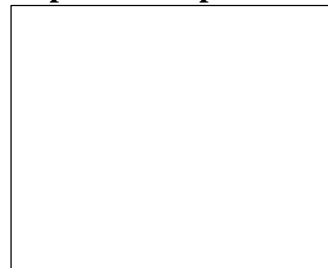
Phone number: Email:.....

Others:.....

Sample of Signature



Sample of stamp to be used



Applicant's Signature.....

Date:.....

Checklist: 1. Duly filled application form 2. Photocopy of NAMC registration Certificate

*Self-employed applicant/ Private Practitioner should mention so in employer's name.