



# Association of Psychologists in Nepal (APN)

## APPLICATION FORM

Type Applied for : \_\_\_\_\_

Affix recent passport size photograph

1. Full Name : \_\_\_\_\_

2. Father's Name : \_\_\_\_\_

3. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

4. Address for Correspondence / Present Address : \_\_\_\_\_

5. Date of Birth : \_\_\_\_\_ 6. Sex : Male  Female

7. Religion : \_\_\_\_\_ 8. Nationality : \_\_\_\_\_

9. Domicile: \_\_\_\_\_ 10. Category:

G	T			

11. E-mail ID: \_\_\_\_\_

12. Telephone No: \_\_\_\_\_

13. Mobile No: \_\_\_\_\_

**14. Educational Qualification :**

Qualification	Subjects		Percentage of marks	Year of Passing
	Principal	Subsidiary		

**15. Experience:**

Name of the Organization	Designation	Nature of duties	Period		Duration.
			From	To	

**Declaration:** I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I have agreed to abide by the rules, regulations and Organization.

**Date :**

**Place :**

**(Signature of Applicant)**