



आई.टी. महासंघ नेपाल IT Federation Nepal

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MEMBERSHIP FORM

I would like to apply for membership of ITFN. I will follow the rules and regulation of the ITFN and decisions of executive committee at any time.

Student Member

General Member (professional)

Name :

Date of Birth:/...../..... **AD/B.S.**

Contact Address:

Permanent: District **Municipality/ VDC.**
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Ward No. **Village**

Current: District **Municipality/ VDC.**

Ward No. **Village**

Residence Tel: **Mobile:**

E-mail: **Occupation:**

If you are student:

Faculty..... **College/Institution**

Qualification **IT Qualification (If applicable)**

If you are employed:

Name of organization **Designation**

Contact no

Official Address:

Date:

Signature

For Office use only

Verified By.....

Approved By

Name:

Name:

