



Photo of the Applicant

### Network for Quality Productivity and Competitiveness – Nepal

Name of the applicant:

Education Background:

Contact Address/Mailing Address:

Telephone: .....(Res) .....(Off) .....(Mobile)

E-mail:.....

Organization:.....

Function in the organization:.....

Type of Membership: (Please tick)

General .....

Date of membership application:

Signature of Applicant

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To be filled in by the concerned NQPCN Official

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Membership recommended by:

Date recommended:

.....

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Membership approved by:

Date Approved:

.....

.....

Chairperson, NQPCN