

Passport Size
Photo

1. Personal Information

Name _____

(As you would like it to appear on your certificate)

Fellowship Program: (Specialty) _____

Date of birth: _____ (B.S.) _____ (A.D.)
(DD/MM/YYYY) (DD/MM/YYYY)

Gender: _____

Passport/Citizenship No: _____

Nationality: _____

NMC Registration NO: _____

(If Nepalese)

Marital Status: _____

Address

Temporary: _____

Permanent: _____

Email Address: _____

Contact No: _____

Native Language: _____

Languages Spoken _____

Emergency Contact Person and Phone Number (e.g. Parent Spouse etc.):

2. Educational Training and Professional Qualifications

Name of Institution/University	Period of study from month/year to month/year	Qualification obtained

Work experience after MBBS completion

Name of institution where you worked before, with address	Job Title	Date: From - until

Work experience after completion of MD

Name of institution where you worked before, with address	Job Title	Date: From - until

3. References

Name	Address	Contact No.	Email

4. Enclosures: Following documents resp. data (only PDF-format accepted!) are compulsory:

- a. Citizenship
- b. Post Graduate Certificate
- c. NMC registration
- d. Specialty certification provided by NMC

Signature of applicant: _____

Date: _____