



PATAN ACADEMY OF HEALTH SCIENCES

Application for Fellowship Program

Specialty: Emergency Medicine/Clinical Rheumatology

Photo

Name: _____
First Middle Last

Address:

Permanent: Province _____ District _____ VDC/MP _____

Ward No _____ Area _____

Temporary Address: _____

Date of Birth: _____ (B.S) _____ (A.D)
Year Month Day Year Month Day

Place of Birth: _____ Sex: _____ Marital Status: _____

Name of Spouse: _____

Number of children with age: _____

Name of Father/Guardian/Husband or Wife: _____

Category of enrollment:

a. Free candidate

b. Institutional sponsored candidate (Name of the Institute): _____

Educational Training and Professional Qualifications

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



PATAN ACADEMY OF HEALTH SCIENCES

Entrance Card

Photo

Full name: _____

Address: _____

Specialty: _____

Registration No.: _____

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

Give two names of your character reference

	Name	Address	Phone no.
1.	_____	_____	_____
2.	_____	_____	_____

Declaration:

I certify that the above information is true to the best of my knowledge, and I understand that any false information or important information not included will be grounds for immediate dismissal. I therefore authorize the Patan Academy of Health Sciences (PAHS) to investigate my statements. I also declare that I agree not to do any type of private practice until I complete my fellowship. I will follow the rules and regulation of PAHS.

Signature of applicant: _____ Date: _____

Please submit following documents with this form

- a. Citizenship
- b. Post Graduate Certificate
- c. NMC registration
- d. Specialty certification provided by NMC
- e. Sponsored letter for sponsored candidate