



Patan Academy of Health Sciences

School of Medicine

Office of the Dean
Lagankhel, Lalitpur, Nepal

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Registration Form

MD/MS Program

Batch-IV

(2077/078)

आवेदकको पूरा नाम र थर :

Full Name:
(in CAPITAL LETTERS)

MEC Common Entrance Exam (CEE) Roll Number:	<input type="text"/>
MEC Common Entrance Exam (CEE) Merit Order:	<input type="text"/>
Category of Selection :	Subject/Specialty Enrolled:
<input type="checkbox"/> Open	<input type="text"/> General Surgery
<input type="checkbox"/> Nepal Government	<input type="text"/> Internal Medicine
<input type="checkbox"/> Foreign	<input type="text"/> Paediatrics
	<input type="text"/> Obstetrics & Gynaecology
	<input type="text"/> General Practice & Emergency Medicine
	<input type="text"/> Orthopaedics
	<input type="text"/> Anaesthesia
	<input type="text"/> Dermatology
	<input type="text"/> ENT
	<input type="text"/> Psychiatry
	<input type="text"/> Radiology
	<input type="text"/> Pathology

1. Please complete this form with a BLACK COLOUR Pen.
2. Use CAPITAL LETTER in Name and Address areas (Mandatory)
3. Just use tick mark (✓) in expected places in this form.
4. Signature and the thumb print should be done by the student in the presence of designated authority.



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Recent Colour
PP size photo
without cap & glasses

MD/MS Program Registration Form

1. पूरा नाम थर (देवनागरी लिपीमा):.....

2. Full Name (In CAPITAL LETTERS)

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Family Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Gender:

Male	
Female	
Other	

4. Marital Status:

Unmarried		Married	
Divorced		Widowed	

5. Date of Birth:

	dd	mm	yyyy
A.D.			
B.S			

6. Nationality:

Country:..... Citizenship/ID No.: Type of ID (Issued by Govt.):

Date of Issue: Issue Authority (District):.....

7. Permanent Address:

Country: Province:..... District:.....

Municipality:..... Ward Number:..... House Number: Village/Tole:

8. Temporary Address:

(if different from the Permanent Address)

Country: Province:..... District:.....

Municipality:..... Ward Number:..... House Number: Village/Tole:

9. Contact Detail:

Mobile:..... Landline Tel:

(with area code)

Email:.....

10. Parents Details:

Father's Name: Mobile No.:.....

Mother's Name:..... Mobile No.:.....

11. Spouse Detail (if married):

Full Name:..... Mobile No.:.....

Email:.....

20. Details of Academic Achievements:

(S.E.E./S.L.C. and above or equivalents)

Qualification	Institution Name & Address	Board	Complete year	Registration number	Full Marks	Marks Obtained	Percentage
SLC or equivalent							
10+2 or equivalent							
MBBS							

21. Declaration:

Declaration:

I hereby **declare** that all the information furnished above in this form is in accordance with facts or truths to my knowledge. I take full responsibility for the correctness of the said information.

Signature of Student:

Thumb Prints of Student:

Right

Left

Date:

Form Verified by
(For Official Purpose Only)

Signature :

Name :

Designation:

Date :