



Patan Academy of Health Sciences

School of Nursing and Midwifery

Sanepa, Lalitpur, Nepal

Recent Colour
PP size photo
without cap & glasses

MN Program Registration Form

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

2. **Full Name** (In CAPITAL LETTERS)

First Name

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Middle Name

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Family Name

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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.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							
Bachelors/ Undergraduate							

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 :