



Patan Academy of Health Sciences School of Public Health

Lagankhel, Lalitpur, Nepal

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Registration Form

Master in Public Health (MPH) Program

**Batch-IV
(2077/078)**

आवेदकको पूरा नाम र थर :

Full Name:
(in CAPITAL LETTERS)

MEC Common Entrance Exam (CEE) Roll Number:

MEC Common Entrance Exam (CEE) Merit Order:

Category:

- a. Open
b. Nepal Government
c. Foreign

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.



Patan Academy of Health Sciences
School of Public Health
Lagankhel, Lalitpur, Nepal

Recent Colour
PP size photo
without cap & glasses

SoPH 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:.....

12. Local Guardian's Detail:

Name (Full):..... Relation:.....
 Country: Province:..... District:.....
 Municipality:..... Ward Number:..... House Number: Village/Tole:
 Mobile:..... Landline Tel:
 (with area code)
 Email:.....

13. Category of Bachelors/Undergraduate Degree Attained

BPH MBBS
 B.N./B. Sc. Nursing BMLT
 BAMS B. Pharmacy
 B. Optometry B.D.S.
 B. Sc. MIT Others (specify)

14. Bachelors/Undergraduate Degree Detail:

Name of Institution:
 Address of Institution:

15. Council Registration Number:

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16. Council Registration Number of Respective Countries (For Foreign Students only):

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17. Bachelors/Undergraduate Degree Studied under Scholarship:

Yes No

18. Source if Bachelors/Undergraduate Degree Studied under Scholarship:

Nepal Government Others (specify)

19. Date of Completion of Service Bond (if any):

Date (in A.D.)	dd	mm	yyyy
Date of Completion of Service Bond (if any):			

20. Work Experience:

SN	Institution	District	Duration			Postition
			From (dd-mm-yyyy)	To (dd-mm-yyyy)	Total Month	

21. 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							

1. 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 :