





# Patan Academy of Health Sciences

## School of Nursing & Midwifery

(Lalitpur Nursing Campus)

Sanepa, Lalitpur, Nepal

Recent Colour  
PP size photo  
without cap & glasses

### B.Sc. Nursing Registration Form

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

2. **Full Name** (In BLOCK Letters)

First Name

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Middle Name

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Family/Last 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 country & 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:**

Full Name:..... Relation:.....  
 Country: ..... Province:..... District:.....  
 Municipality:..... Ward No.:..... House No.: ..... Village/Tole: .....  
 Mobile:..... Landline Tel: .....  
 (with country & area code)  
 Email:.....

**13. Academic Background:**

- |  |   |
|--|---|
| <input type="checkbox"/> 10+2 in Science                   | <input type="checkbox"/> Intermediate in General Medicine       |
| <input type="checkbox"/> Intermediate in Science           | <input type="checkbox"/> Intermediate in Medical Lab Technology |
| <input type="checkbox"/> Diploma in Ophthalmic Science     | <input type="checkbox"/> Diploma Pharmacy                       |
| <input type="checkbox"/> Diploma in Dental Science/Hygiene | <input type="checkbox"/> Others ( <i>please mention</i> ).....  |

**14. Council Registration Number (if any):**

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**15. Studied under Scholarship:**

- Yes       No

**16. Source if Studied under Scholarship:**

- Nepalese Government       Others (*pls specify*) .....

**17. Date of Completion of Service Bond (if any):**

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

**18. Details of Academic Achievements:**

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

Qualification	Institution Name & Address	Board	Completion Year	Registration Number	Full Marks	Marks Obtained	Percentage /CGPA
SLC or equivalent							
10+2 or equivalent							

**19. Work Experience:**

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

**20. 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 :