



Patan Academy of Health Sciences

School of Medicine

Office of the Dean
Lagankhel, Lalitpur, Nepal

Recent Colour
PP size photo
without cap & glasses

MBBS 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:

- 10+2 in Science
- Intermediate in Science
- Diploma in Ophthalmic Science
- Diploma in Dental Science/Hygiene
- Intermediate in General Medicine
- Intermediate in Medical Lab Technology
- Diploma Pharmacy
- Others (please mention).....

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 (if any):			

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 :